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ABSTRACT

This coordination guide has been written as a reference for Comprehensive Employment and Training Act (CETA) Prime Sponsor administrators, planners, and operations staff who are interested in pursuing coordination opportunities with Health, Education, and Welfare (HEW) employment-related programs. It is intended to serve four major purposes: (1) Provide selected insights into what vocational rehabilitation, vocational education, adult education, Title XX, and health programs do, and how each works; (2) point out potential areas for coordination which, from study of field experience, hold the promise of benefit to the clients and administrators of both CETA and the HEW programs selected; (3) present a brief and practical analytical framework for identifying other arrangements; and (4) review the key management techniques that have proved their value in the negotiation and implementation of coordination projects. A chapter on analysis, identification, and implementation addresses the coordination process and provides information on analyzing one's own program and those of HEW counterparts in order to identify potential coordination arrangements which have the highest probability of success. Summaries of coordination examples are then given for each of the five types of HEW programs listed in purpose 1 above. Each example covers the following: Issues facing CETA and the subject HEW program, how coordination can help, how it might work, how CETA can benefit, how HEW can benefit, risks to CETA, risks to the subject HEW program, and how to reduce risks. (WL)

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CETA and HEW Programs

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Note to the Reader:
Subsequent to the typesetting of this guide, but prior to final printing, the name of the Community Services Administration, the agency responsible for Federal action on Title XX, was changed to the *Public* Services Administration. Wherever the former appears within, please substitute the latter.

Chapter One
Introduction

This guide has been written for CETA Prime Sponsor administrators, planners and operations staff. It is intended to serve four major purposes:

1. Provide selected insights into what Vocational Rehabilitation, Vocational Education, Adult Education, Title XX and Health programs do, and how each works.

2. Point out potential areas for coordination which, from study or field experience, hold the promise of benefit to the clients and administrators of both CETA and the HEW programs selected.

3. Present a brief and practical analytical framework for identifying other arrangements.

4. Review the key management techniques that have proven their value in the negotiation and implementation of coordination projects.

We Aren't Going to Define Coordination

Interprogram coordination is not defined specifically in this guide. Enough varying "definitions" already exist to fill a volume larger than this. You are simply encouraged by the Department of Health, Education and Welfare, and by the Department of Labor, to work together with your counterpart HEW programs. In seeking ways to work together, you are likely to discover opportunities to better serve your clients, HEW clients, and the interests of all involved agencies. When you find ways to do so, you will have achieved the goals of coordination without great concern for whether you have met any particular "definition".

Coordination for its own sake has no particular value. What matters are the results of coordination and how they serve the interests of all concerned. Arrangements which emanate from this effort will not be judged on the basis of their scope, scale, complexity or formality. Simple efforts can yield significant results.

Coordinate At Your Discretion

Moreover, this document is not a mandate for coordination. It is instead an invitation to explore interprogram activities as the means to achieving one or more of your own program objectives. Not all forms of coordination are desirable; the costs of some coordination options may be too high. Where the ideas and methods here described appear attractive to you, pursue them. Where they do not, continue to look for ones that do. This guide recognizes fully that the decision to coordinate is yours.

The Secretaries of HEW and DOL, and the Directors and Commissioners of each of the included agencies, support any legitimate actions you may take in working together which benefit your clients, your agencies and therefore the taxpayer.

A Critical Assumption

The approach taken in this guide regards as too simplistic, rather than axiomatic, that "what is good for the client is good for the agency." While this is generally true, agency administrators may find themselves equally attracted to the agency opportunity offered by a client-benefit option. Agency and agency leadership objectives exist, to some degree, separately from program objectives. To the extent that they are mutually supportive they form a productive relationship. Those who neglect this aspect will miss certain significant opportunities to strengthen client service because those certain opportunities will come to light through pursuit of agency or leadership objectives, yet they may elude the analyst looking only for additional client benefits. Administrators are often faced with budget, staff, performance and other problems which coordination might help resolve. If clients will also benefit, coordination should be pursued.

Accordingly, this guide recommends a separate review of agency and leadership objectives, by CETA, Vocational and Adult Education, Vocational Rehabilitation, Title XX and Health, as an indirect route to identification of coordination arrangements that ultimately will strengthen client services.

Find Opportunities
This guide offers insights into a process designed to help you find attractive opportunities to work together with HEW programs. The steps in that process are as follows:

—Acquire knowledge about HEW employment-related programs;

—Analyze areas of commonality where the HEW programs might fit your program's needs;

—Assess your program's own needs or unmet objectives;

—Weigh the costs and benefits of coordination; and, if applicable,

—Negotiate and implement a joint project.

Why Coordinate With HEW Employment-Related Programs
CETA and the included HEW programs are intended to serve purposes that are remarkably similar despite varying focuses and service priorities. Each, to some degree, assists individuals to prepare for, secure, and retain employment consistent with their capabilities and capacities. Each HEW program shares with CETA an overlapping target group ranging from a majority of CETA-eligible individuals in the case of vocational education to CETA-eligible handicapped individuals in the case of vocational rehabilitation. In many instances, CETA and the included HEW programs demonstrate complementary strengths in manpower, training, and supportive services. Together they can often serve certain clients better than either can serve them alone.

Finally, CETA and each selected HEW program face some difficult issues—in the case of CETA, the need to maintain high placement averages with low costs per placement while serving the "most in need"—which coordination can help resolve.

The Importance of Leadership
Interprogram coordination can represent a significant challenge to the management skills of program leadership. First, coordination initiatives represent *change,* and organizations typically do not change comfortably without the artistic exercise of leadership. Second, coordination initiatives with substantial potential *gains* will always involve substantial *risk,* which some in the organization may perceive as intolerably high. If both CETA and counterpart program leadership prepare properly, however, the risks associated with contemplated coordination arrangements can be identified early and openly discussed. Where the risks are acceptable to both CETA and HEW program leadership, there remains a third challenge: gaining consensus among the counterpart staffs—at the client service level if client service coordination is at issue—that the risk is acknowledged, that steps have been taken to reduce it, and that the residual risk is viewed as acceptable in relation to potential advantages. Open and unequivocal commitment of the leadership of both agencies or programs is absolutely essential for the success of any coordination strategy.

The opportunities, problems and issues of interprogram coordination as they are identified and discussed in this guide are framed as leadership concerns. The approach proposed for searching out mutually appealing coordination arrangements assumes from the outset that the focus is on ways to preserve Prime Sponsor strengths, to improve Prime Sponsor performance, to enhance Prime Sponsor services, and to keep exposure to risk within tolerable limits. Of course, these are also primary concerns of HEW-sponsored program leadership.

In addition to this guide, the Department of Health, Education and Welfare has produced four others, whose contents vary according to the intended readership:

Vocational Rehabilitation and CETA—A Coordination Guide for VR Administrators

Social Services and CETA—A Coordination Guide for Title XX Administrators

Health and CETA—A Coordination Guide for Health Program Administrators

Education and CETA—A Coordination Guide for Adult Education and Vocational Education Administrators.

This volume provides an overview of the HEW employment-related programs and discusses coordination opportunities with those programs from the CETA Prime Sponsor's perspective.

Chapter Two
How to Use This Guide

This coordination guide is organized as a reference guide for CETA decision-makers interested in pursuing coordination opportunities with the included HEW employment-related programs. In order to use the guide most effectively, we would recommend the following:

1. Read Chapter Three, "Analysis, Identification and Implementation" next. This is a general chapter which addresses the coordination process. In it you will find information on analyzing your own program and those of your HEW counterparts in order to identify potential coordination arrangements which have the highest probability of success, and tips on implementing such arrangements once identified. The process in Chapter Three was utilized to develop many of the coordination examples contained in the following chapters.

2. After completing Chapter Three, turn to the summary of coordination examples which begins on this page. Scan the summaries until you come across an idea that might make sense for your program. The examples are grouped by program (e.g., all examples pertaining to coordination with Title XX are grouped together in the Title XX chapter). Each example is organized into eight parts as follows:

A. The Issues Facing CETA and the Subject HEW Program

B. How Coordination Can Help

C. How It Might Work

D. How CETA Can Benefit

E. How the Subject HEW Program Can Benefit

F. Risks to CETA

G. Risks to the Subject HEW Program

H. How to Reduce the Risks.

3. Upon completing the description of the coordination arrangement, you will probably want to turn to the summary of the HEW program which was the subject of the coordination example. The summary will provide detailed program information which will assist you, applying the analytic process described in Chapter Three, to determine if the example is one that holds promise for you, given your current program situation. Program summaries are located at the beginning of each program chapter. Throughout each of the HEW program descriptions (with the exception of Health), at the end of each section, comparison is made (in italics) between CETA and the subject HEW program. The purpose of this comparison is to identify the obvious links of commonality or potentially linked elements between CETA and the HEW program. By focusing on the "common denominators" between CETA and the HEW programs, one can see the ways in which they might complement one another when viewed as joint resources available to serve mutually eligible clients. Because the Health chapter addresses many diverse health programs, comparisons between CETA and the individual programs are made in chart form.

Summary of Possible CETA/HEW Coordination Arrangements

Vocational Rehabilitation (VR)

1. The Joint Client Service Plan

Page 35

Combining with VR to serve individuals who need CETA services and possess high potential to succeed in CETA but require some rehabilitative services prior to occupational training.

2. The Joint Medical Services Program

Page 37

Combining with VR to provide CETA participants with medical screening and medical services.

3. The Joint Staff Project

Page 38

Establishing a combined effort to mutually screen potential CETA and VR program applicants, refer each to the proper program, identify common clients and establish priorities for future enrollment of those eligible but not enrolled.

4. The Day Care Project

Page 39

Establishing a day care facility at VR expense, subsidized with CETA positions and providing services to participants of both agencies.

5. Three-Party Cooperative Agreement

Page 40

Developing an arrangement whereby CETA, VR and Veteran's Administration combine to provide comprehensive service to individuals eligible for all three programs.

6. Technology-Building Demonstration Project

Page 41

Capitalizing on VR's broad experience in serving the handicapped and minimally-employable to increase CETA's capacity to serve its most seriously disadvantaged.

7. The Joint Project with Industry

Page 42

Merging CETA OJT capability with the Projects With Industry program in VR to create higher incentives for employer participation.

8. VR/CETA Clients Trained as Social Service Staff

Page 43

Taking advantage of training exempt from the Title XX ceiling.

Vocational Education

9. Combining Resources to Serve the Disadvantaged

Page 55

Using CETA's and Voc Ed's mandates to serve the disadvantaged as a basis for combined service to common clients.

10. Skill Upgrading and Ongoing Training for PSE Participants

Page 56

In concert with Voc Ed, developing tailored classroom training to enhance the transition potential of CETA PSE participants.

11. Bilingual Occupational Training Development

Page 57

In concert with Voc Ed, identifying bilingual occupational training needs and developing an operational bilingual training program.

12. Joint staffing of a Full Service CETA Center

Page 58

Establishing vocational educational presence on-site with CETA staff to utilize more effectively existing educational facilities and expertise.

13. Developing a Unified Services Arrangement to Serve the Handicapped

Page 59

Expanding CETA and Voc Ed services to handicapped individuals, who otherwise would not be enrolled, by combining with the VR agency.

14. Utilization of Common Labor Market Advisory Committees

Page 60

Establishing common industrial advisory committees to verify more effectively projected shortage occupations within such industries and to develop more accurately related skill training and employment requirements.

15. Combining Resources to Develop an Automated Management Information and Evaluation System

Page 61

Combining with Voc Ed to analyze parallel planning needs, assess current availability and compatability of planning data, and mutually develop a data system that serves the needs of of both programs.

16. Providing Work Experience and Youth Employment to School Dropouts

Page 62

Developing a program for mutually eligible youth that combines carefully designed work experience with basic and occupational training leading to permanent employment.

Adult Education

17. Combining Resources to Better Realize Individual Potential

Page 67

Utilizing Adult Ed to develop tailored adult education components for disadvantaged CETA participants.

18. Joint Funding of Tutorial Training for the Functionally Illiterate

Page 68

In concert with Adult Ed, implementing an innovative one-to-one tutorial program aimed at those unemployed unable to participate effectively in mainstream CETA/Education sponsored training.

19. Joint Funding and Utilization of an Adult Education Learning Center

Page 69

Establishing, with Adult Ed and Voc Ed, a learning center specifically designed to provide CETA/Voc Ed participants with prerequisites for selected occupational training courses.

Title XX

20. The Child Day Care Project

Page 79

Combining with Title XX to increase available child care services while utilizing jobs created by such expansion for participants of both programs.

21. Social Service Paraprofessional Training and Employment

Page 80

Assisting Title XX to expand services in return for potential unsubsidized social service work positions resulting from such expansion.

22. A Co-located CETA/Social Services Support Unit

Page 81

Co-locating CETA/Title XX service staff to enhance cross-referral and expand services available to the participants of both programs.

23. Youth Employment Program for Marginal School Attendees and Dropouts

Page 82

Providing work experience and intensive supportive services to CETA/Title XX-eligible youth, utilizing existing community expertise and delivery systems.

24. Comprehensive Employment and Family Services

Page 83

Utilizing Title XX's capability to provide family services in instances where mutually eligible program participants need such services in order to secure or retain employment.

25. Joint Title XX/CETA Staff Training Workshops

Page 84

Establishing more effective cross program interaction through mutually developed in-service workshops and seminars.

26. Needs Assessment

Page 85

Enhancing both programs' capacity to carry out effective needs assessment by mutual exchange and updating of data.

27. Human Resources Planning

Page 86

Building on similar planning processes, parallel data needs, and overlapping target groups to establish a more integrated process for formulating local program policies and priorities.

Health

28. Allied Health Manpower Project

Page 125

Using CETA resources in the development of new health training programs which are subsequently used to train CETA participants for identified health service positions.

29. Health Occupation Planning Project

Page 126

Combining with local health planning agencies to project health manpower needs, training needs, and specific employment opportunities for CETA participants.

30. Prepaid Health Services for CETA Clients

Page 127

Offering CETA participants comprehensive health benefits through local health maintenance organizations.

31. Demonstration Training Program for Disabled Youth

Page 128

Taking advantage of health-funded programs for mildly disabled youth to expand employability services in CETA.

32. Training for Health Program Manpower Needs

Page 129

Entering into arrangements with specific health program deliverers to train CETA participants for available employment openings in such programs.

33. Joint Manpower Services to Veterans

Page 130

Combining with veteran's health programs to train mutually eligible veterans in allied health professions.

34. Recruiting the Disadvantaged for Nurse Training

Page 131

Entering into arrangements with Federally funded nurse training programs to provide remedial education to disadvantaged CETA participants who in turn will be enrolled into health-funded nurse training.

35. Training CETA Enrollees in Drug Abuse Counseling

Page 132

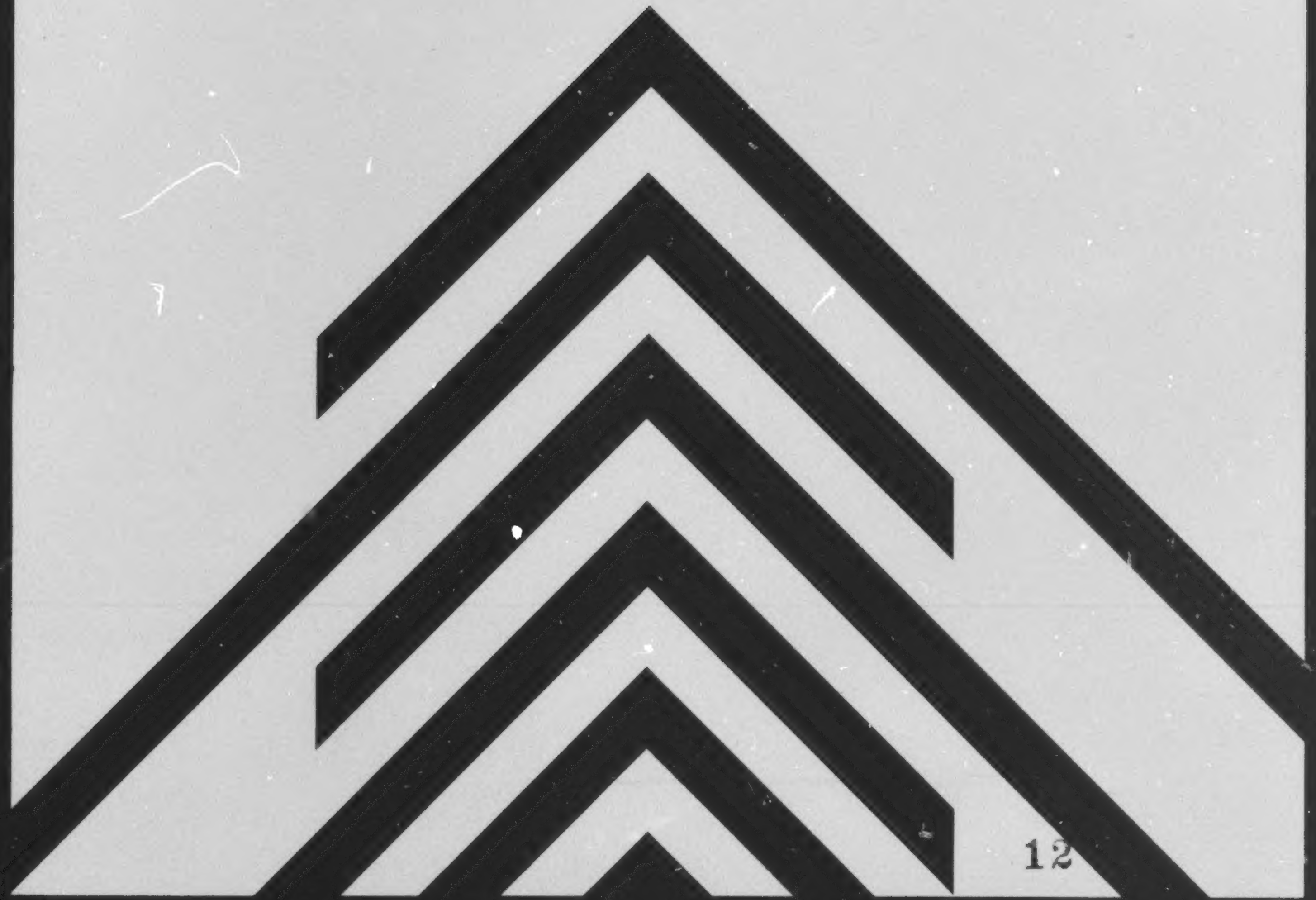
Providing CETA participants with Title II and VI subsidized positions in drug abuse programs, so they may be trained and eventually employed by the drug abuse agency.

36. Health Examinations for CETA Clients

Page 133

Utilizing HEW-funded medical service programs to provide low cost health exams for CETA applicants.

Chapter Three
Analysis, Identification and Implementation



This is a chapter on "process"—the process of identifying coordination arrangements that make sense in a particular CETA setting, and the process of putting the identified arrangements into effective operation.

Obvious CETA/HEW program coordination opportunities—particularly those with easily recognized high payoffs for both the HEW programs and CETA—are likely to present themselves to CETA staff without detailed analysis. But the process described in this chapter may be useful to identify those less obvious opportunities which may be just as worthwhile. The specific coordination arrangements described in Chapters 4 through 7 were identified using this same process.

Essential steps in identification and implementation of worthwhile CETA/HEW program arrangements are presented in the accompanying document. Each is discussed in some detail within this chapter.

Comparative Program Analysis

The first two major steps in comparative program analysis have been taken in the preparation of this guide. CETA administrators are familiar with what issues and program concerns will be primary to their operations in coming months, and a fairly detailed summary of health, education, Title XX and vocational rehabilitation legislation, guidelines, programming and administration has been included in Chapters 4 through 7. Paralleling those descriptions are the most obvious and relevant comparisions which can be made with the CETA program. By reviewing HEW program capabilities against known CETA program needs, administrators will begin to sense the most logical areas for joint action.

Clearly, in a document published and distributed nationally, the written description lacks local specificity. Additions to the description with regard to how options are exercised in each jurisdiction must be left to the CETA and HEW program staffs at the state and local levels.

What stands out in the national level comparison of programs is the excellent "fit" which can be achieved between CETA and the four HEW-funded program areas in the development of a comprehensive manpower strategy as well as individually tailored comprehensive manpower services. While CETA Prime Sponsors have been given the clearest mandate to assist their participants in obtaining self-sufficient employment, each of the HEW-funded program areas also has to achieve this as a primary or subordinate goal expressed in the same or similar language. The converse of "self-sufficient employment" may be expressed as "reduced dependency on public assistance," and "self-sufficiency" may be qualified with the phrase "consistent with individual capacity," but a fundamental goal of all programs discussed in this guide is to contribute to the strategy of helping people find, obtain and keep the best jobs they can.

In the case of Adult Education, a stated purpose is to make available the means to secure training that will enable eligible adults to become more employable, productive and responsible citizens. The purposes of Vocational Education, summarized, are to provide occupational exploration, orientation, preparation, updating, upgrading and retraining in both current and emerging vocations. Vocational Rehabilitation is funded for the purpose of helping its clients prepare for, secure and retain gainful employment consistent with their individual capacities. HEW-funded health programs are funded for two very different employment-related purposes: some are oriented to removal of health problems which constitute barriers to gainful employment; others are aimed at promoting development of manpower resources to meet the growing demand for health care. Health programs, then, are both service providers in the broader manpower scheme, and developers of manpower to be gainfully employed in an expanded network of health services. Social Services, provided under Title XX of the Social Security Act, are offered for the purpose of helping individuals and families achieve and/or maintain economic self-support by preventing, reducing or eliminating dependency.

Identification/ Implementation Process

Essential Step	Result
Comparative Program Analysis	Common and Complementary Program Elements
Combining Elements	Various Possible Service Strategies
Narrowing the Field	Highest Payoff-Options
Assessing the Risks	Risk Reduction Strategies
Approaching CETA	Negotiated Project Design
Negotiating a Written Operating Agreement	Potentially Successful Coordination Arrangement
Working Toward Success	Proper Implementation
Evaluating the Process and Project Results	Valuable Lessons for Next Time

There is general consistency and/or harmony among the programs discussed in this guide with respect to basic program purposes. But there are differences in emphasis and style in the way the programs are planned, operated and administered. These differences are highlighted for you in Chapters Four through Seven. Further comparison, extending those offered in the following chapters from a national perspective, will likely reveal a wide spectrum of both common and complementary program activities and emphases.

The Common Client

The chart which follows summarizes client characteristics which CETA has in common with each of the HEW-funded programs discussed in this guide. Characteristics are divided among eligibility requirements and priority target groups mentioned in the legislation authorizing each of the programs. Clearly, as the chart indicates, an individual must meet the eligibility requirements of both CETA and any other program into which the Prime Sponsor may wish to enter an agreement for joint service. Clearly also, there are extensive areas of overlap in characteristics, making many current and potential CETA clients eligible for several of the HEW-funded programs. Consequently, there is substantial opportunity for combined service to individuals and, by joint agreement, to special target groups whose characteristics enable them to receive services from all parties to the agreement. Looking further into the outlines of services authorized under each program area, there remains an obvious opportunity jointly to serve common clients with less duplication of services and therefore at less cost per client/participant.

Combining Elements

Reviewing the common elements identified in Chapters Four through Seven, supplemented with local analysis, enables development of strategies for coordinating program services to take advantage of those commonalities. As is illustrated by the series of coordination examples in the following chapters, basic combinations seem to be:

1. *The Identification Effort.* The parties to a coordination agreement jointly screen and classify potential clients. The possibilities range from simple cross-referral to integrated staff units performing eligibility activities.

2. *Sequential Services.* This calls for one program to prepare a common client to take advantage of a CETA-administered cluster of employability development services. The client passes from the HEW program to CETA, then into the labor market.

3. *Concurrent Services.* The client is served according to a jointly prepared plan whereby various needs are responded to concurrently by HEW programs and CETA staff, with details of service responsibility vis-á-vis that client worked out in advance.

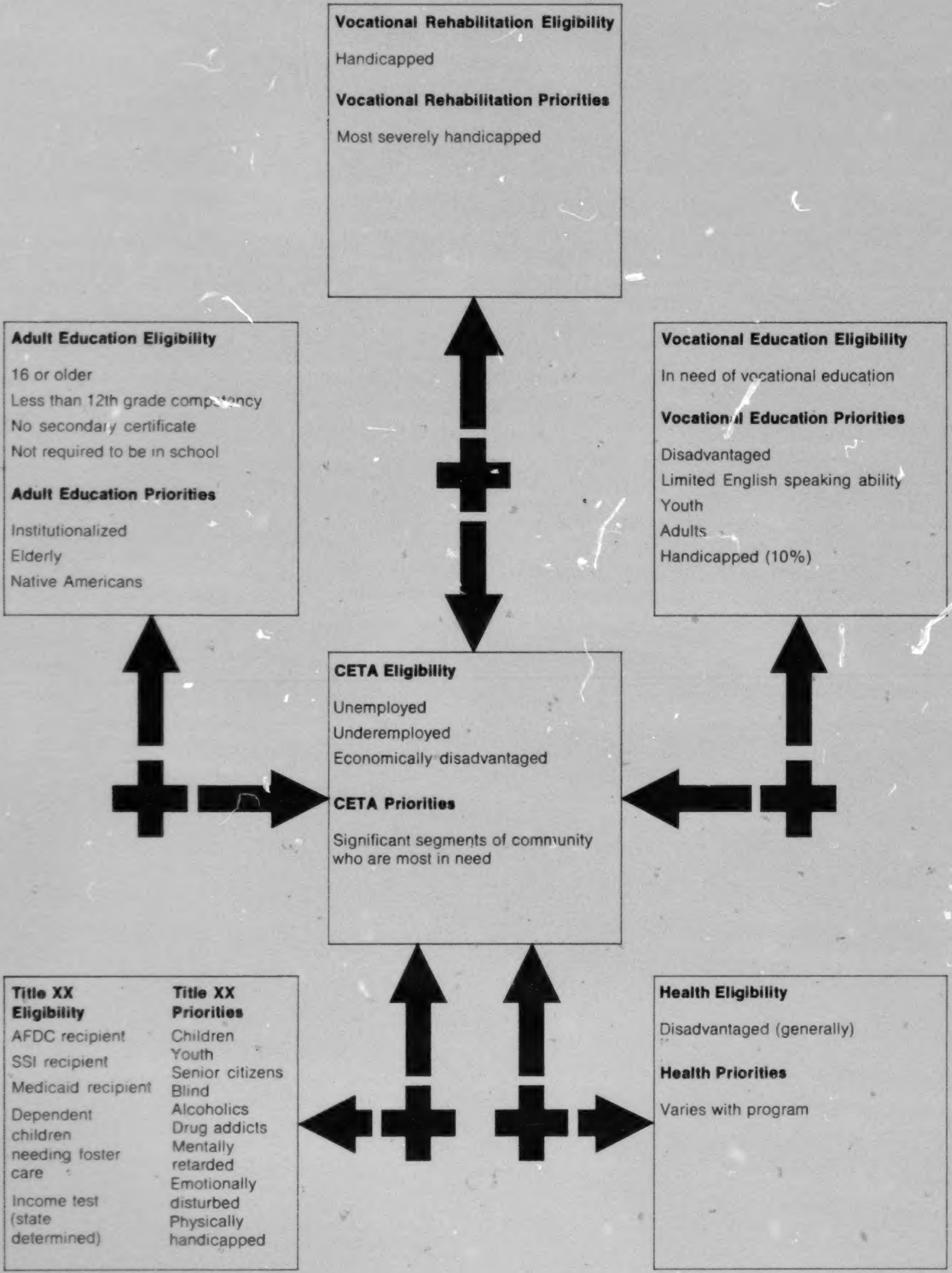
To this point, the process is analytical. The underlying purpose so far would be to identify all significant possibilities with respect to clients, client services and joint service potentials for which CETA and HEW programs could coordinate. The next step begins that part of the process which involves selecting the best option, making it as appealing as possible to both the HEW program and CETA, and working out the details of project agreement.

Narrowing the Field

Two major kinds of considerations, over and above the obvious—welfare of the common client—will help in narrowing the field of opportunities to those with the highest payoff for both CETA and the HEW program and, therefore, those with the highest probability of success. First, the alternatives selected should contribute to resolution of the most significant issues facing both CETA and the HEW program. Second, the arrangements to be considered need to be consistent with the objectives of any agency administrator.

"Scientific method" calls for systematically weighing each option or alternative against the priorities, issues and objectives and selecting the arrangement which meets "most of the highest ranked" objectives, etc. In fact, coordination activities seldom lend themselves to such rigorous analysis. In practice, the most appealing option in a particular context generally stands out visibly, far above the others.

It is also true that a basic project or option, once singled out as potentially attractive, can often be strengthened considerably by reviewing priorities, issues and objectives from a design rather than evalution perspective. The basic idea can sometimes be modified or supplemented *in response to* particular objectives, like those listed below, that are known to be strong concerns of participating agencies or administrators. Coordination arrangements which meet multiple objectives will normally generate proportionally more support than those which meet only one.



Vocational Rehabilitation Eligibility

Handicapped

Vocational Rehabilitation Priorities

Most severely handicapped

Adult Education Eligibility

16 or older
Less than 12th grade competency
No secondary certificate
Not required to be in school

Adult Education Priorities

Institutionalized
Elderly
Native Americans

Vocational Education Eligibility

In need of vocational education

Vocational Education Priorities

Disadvantaged
Limited English speaking ability
Youth
Adults
Handicapped (10%)

CETA Eligibility

Unemployed
Underemployed
Economically disadvantaged

CETA Priorities

Significant segments of community who are most in need

Title XX Eligibility

AFDC recipient
SSI recipient
Medicaid recipient
Dependent children needing foster care
Income test (state determined)

Title XX Priorities

Children
Youth
Senior citizens
Blind
Alcoholics
Drug addicts
Mentally retarded
Emotionally disturbed
Physically handicapped

Health Eligibility

Disadvantaged (generally)

Health Priorities

Varies with program

Significant Program Issues

Individual issues can always be identified as major strategic concerns of both HEW-funded and CETA programs. Though these may change over time, certain issues are clearly on the minds of various program administrators as FY '77 approaches. If each can understand the other's current priorities, and if coordination arrangements developed act simultaneously on the priorities of both parties, then those arrangements can expect the full support of both parties to the agreement. The current issues facing Vocational Rehabilitation, Adult and Vocational Education, Title XX and Health program administrators are summarized below.

Vocational Rehabilitation

1. Vocational Rehabilitation (VR) is currently challenged with a national mandate to divert more resources to the severely handicapped.

2. VR provides medical examinations to applicants who later may be found ineligible for VR but who might be eligible for CETA. CETA does not routinely provide medical examinations to its applicants and consequently may fail to identify medical conditions which may be future deterrents to employability.

3. VR needs to increase its capacity to identify and serve the most severely handicapped. CETA similarly often needs a mechanism for establishing priorities vis-à-vis applications to prevent first-come, first-served enrollment. Both programs may well be rejecting a group of potential clients who from VR's perspective are not "severely enough" handicapped, and from CETA's perspective are "too hard to serve" effectively.

4. Both VR and CETA clients may need child care services during training or post-employment periods. Child care services may be purchased by VR and CETA for their clients, but are scarce and in high demand nationwide.

5. The goal of rehabilitating VR clients for permanent employment is tied to the availability of employment opportunities for handicapped individuals in the public and private sector. Recent VR legislation has strengthened VR's position by forbidding nondiscrimination in employment and the provision of services to handicapped individuals by Federal agencies and their state and sub-state counterparts which receive Federal grants. It also prohibits discrimination by private employers who have Federal contracts.

Adult Education

1. Many educators are concerned that the diversity and scope of adult education programs are not well understood outside of the immediate educational community within which they operate. Adult education is not merely an ABE program or a classroom for vocational prerequisites, but rather is increasingly focusing on learning for decision-making; on life-coping skills; and on functional literacy related to adult needs on the job, in the home, and in the community. As such, employability is only one of several adult education objectives. This broader scope is often overlooked by manpower-oriented officials.

2. The assumption is often made by manpower-related officials that adult education is conducted in a real world vacuum that is totally ignorant of manpower considerations. This assumption fails to recognize the growing involvement over the last decade of adult education programs such as the Job Corps, the Work Incentive Program, and the Concentrated Employment Programs. These programs have resulted in new educational curriculums and in-service training programs designed to meet manpower needs; they have also resulted in growing numbers of adult educators specializing in training, manpower development, and occupational education.

3. Adult education, while a vital program, is funded at a level considerably beneath that of both CETA and vocational education. This results in Adult Ed often receiving only secondary consideration with respect to potential education/CETA coordination. If effective coordinating relationships are to be developed, increased emphasis will need to be placed on the experience and nonmonetary resources existing within adult education programs since it does not seem likely that Adult Ed will be in a position to "buy into" coordinating relationships in the foreseeable future.

4. Adult education legislation (Section 306) requires Adult Ed to cooperate with manpower development and training programs; nowhere in the CETA legislation is a reciprocal requirement made. Many educators view this relationship with considerable alarm since such a unilateral mandate could become an opportunity for abuse. Adult education funding levels are not sufficient to absorb large additional numbers of CETA-eligible persons on other than a cost reimbursement basis without seriously jeopardizing ongoing Adult Ed programs.

5. Educators and CETA Prime Sponsors often have differing program focuses which leads to (1) the assumption among educators that CETA doesn't appreciate the need for education, and (2) the assumption among Prime Sponsors that educators don't appreciate the need to get a job.

6. As with many other programs, adult education has found it difficult to provide effective services to persons in rural and other isolated areas because of the absence of specialized educational facilities in those areas. Another category of "hard-to-reach" individuals is the inner city school dropout who has left the educational system.

Vocational Education

1. Many vocational educators are concerned about how better to identify and serve disadvantaged and handicapped persons with special types of needs. This concern has been a continuing one since passage of the 1968 Vocational Education Amendments which set aside funds to serve individuals in this category. Vocational educators are challenged with developing strong links between program services and employment opportunities for these special segments while maintaining a high level of service to the remainder of the population. In the future, vocational educators may find themselves having to direct additional special attention to other groups.

2. Many vocational educators are interested in directing their efforts toward achieving broader goals of career development and exploration in addition to occupational preparation. Emphasis is being placed on career counseling to enable individuals to make better-informed career choices.

This broader goal, however, is often overlooked by service purchasers, many of whom tend to view vocational education more narrowly, as a provider of skills training.

3. Similar to many other programs, vocational education has found it difficult to provide comprehensive services to persons in some rural areas because of the absence of specialized educational facilities in those areas. Another category of "hard-to-reach" individuals are large numbers of people in cities not having access to vocational education, including school dropouts who have left the educational system and people who are unable to succeed in regular vocational education programs. New ways of providing convenient access to and information about available vocational education programs are continually being explored by vocational educators.

4. Some individuals need prevocational educational preparation before they can enter regular skill training programs. These prevocational needs may occur in the field of education involving developmental applications of basic skills which relate communication and computational skills to occupations.

5. The "work experience" concept has proven generally successful in providing meaningful links between training and employment. Many vocational educators are seeking additional ways to increase the direct transfer to the work site of skills and knowledge gained in the classroom by using "Work Experience and Cooperative Programs in Vocational Education" to provide more opportunities for students to gain valuable experience.

6. Many CETA Prime Sponsors are concerned that they lack control in planning the use of Section 112 funds. On the other hand, vocational educators generally feel that *they* should have the major influence as to how these funds are spent, so as to ensure that vocational education services are fully utilized. Consequently, this source grated into the plans and activity of of funds is often inadequately integrated into the plans and activities of either program.

7. Vocational educators and CETA Prime Sponsors both need the same kinds of labor market supply and demand data for their own planning purposes, yet little shared planning or information exchange actually takes place between them. In many cases this is due to incompatibility of existing data collected by the two different programs, concern about the validity and reliability of the data, or an unclear conception of the end use of the data. The problem is intensified by the fact that Voc Ed frequently obtains it's demand data from "third parties" not directly involved in the educational planning process.

8. Vocational educators and CETA Prime Sponsors share a mutual concern: how best to provide the full range of services needed by participants in their programs without duplicating other programs and without an excessive expenditure of funds. Vocational educators understand that employment needs are often primary among the persons they serve, and Prime Sponsors understand that the educational and skills training needs rank high with the persons they serve. How to best serve both the education and employment needs of program participants is a continuing concern.

9. Some CETA Prime Sponsors are concerned that vocational education programs are not flexible enough to respond to labor market changes. An emphasis by both programs on providing training for employable skills may mean that new training courses need to be developed, existing ones redesigned or current ones expanded temporarily. Some vocational educators feel that CETA Prime Sponsors are not aware of the lead times required to make changes in training programs. In many cases it simply may not be cost-effective to change existing vocational programs radically to respond to what may be short-term or cyclical fluctuations in the labor market.

10. The array of horizontal and vertical relationships between CETA and vocational education is often confusing to local program administrators who must deal with the other program at various governmental levels. For example, there are horizontal relationships at the state level between advisory councils and their administrative counterparts, which are usually housed in different state agencies. There is also a direct relationship, through the 5 grants, between the State Board for Vocational Education and local CETA Prime Sponsors. At the local level there are often relationships between the CETA Prime Sponsor and several local educational agencies, each of which has its own set of relationships to the State Vocational Education Agency. Federal and regional funding and planning links may add other pieces to the puzzle.

11. Many vocational educators are concerned that CETA Prime Sponsors who utilize non-credentialed teachers in community-based groups and other institutions for skills training may be sacrificing quality for political expediency.

Title XX—Social Services

1. Both Title XX and CETA clients may need child care to enable them to undertake training or gain employment. Title XX programs must utilize child care suppliers that meet the high staffing patterns called for under the Federal Interagency Day Care Requirements and Title XX regulations.

2. Many state Title XX agencies will be making maximum use of their annual Federal allotments and will not be able to expand services further without other resources. These agencies can acquire additional Federal dollars in excess of their allotments for the training of direct service delivery personnel, but not for paying additional staff salaries.

3. One of the five national goals of Title XX is self-support for clients. State social services programs are required to provide at least one self-support service in each geographic area of the state. In response to this requirement, states make available a variety of self-support services, such as:

—Employment

—Education and training

—Health services

—Legal services

—Money management services

—Housing services

—Day care

—Transportation.

4. In some communities, particularly inner-city areas, there exists a large population of unemployed youth. Many of these youth are school dropouts or youth who attend school only sporadically. Counseling and work experience are needed to make their education more relevant and attractive for job pursuits. The effectiveness of Title XX youth counseling is hampered by not having an outlet of meaningful work experience for young people so they may gain self-confidence at work and a positive self-image at school.

5. Family and personal problems are often a cause of poor job performance or a person's inability to obtain and hold a job. Many Title XX clients with family and personal problems need to be assured that they can be successfully trained and employed while family problems are being resolved.

6. Even though Title XX and CETA often provide similar services and have common clients in the same community, there appears to exist little communication between their programs. Inconsistent contact among decision-makers at the planning, administrative and operational levels leads to duplication of effort, e.g., more services in a particular area than needed, or a lack of information about resources available to clients from other sources.

7. In developing its annual services plan, every state Title XX must undertake an assessment of the needs for services it plans to make available. Needs assessment must take into account all residents in all geographic areas in the state. The Title XX agency must describe how the needs assessment was undertaken, including the data sources used and the public and private organizations consulted, and must further describe the manner in which the needs assessment influences the annual services plan development. Generally, planning data is scarce and analytic methods are in early stages of development.

Health Programs

1. HEW manpower program grantees face a prospective future decline in Federal institutional support for curriculum development and student financial support, but shifts in health care industry technology have created demand for new training methods for new subprofessional occupations.

2. Organizations with health manpower planning responsibilities, such as the new Health System Agencies, have limited control over the resources being devoted to training for health manpower. These agencies need to develop relationships with those organizations providing health manpower training in order to more directly influence training for areas of need.

3. Many HEW programs are designed to provide or finance comprehensive health services for certain target groups or to test new health service delivery mechanisms. Most of these programs are under Federal pressure to reduce their reliance on HEW funds and to increase self-sufficiency through third party reimbursements.

4. HEW projects funded through community mental health centers or Federal programs for the developmentally disabled have the skills to serve mentally disabled youth but may lack the resources to expand service beyond a small population (usually the most severely disabled). Those individuals with mild mental disabilities or potential employability often receive low priority.

5. HEW health service programs must respond to rapid increases in knowledge and changes in delivery techniques through service restructuring and improving staff capabilities. Most service programs do not have the resources to implement staff development programs or training courses for new positions. In certain specialized positions, found only in public health care systems, the overall demand may be too small to generate independent training opportunities.

6. Veterans are a priority target group for HEW-funded health manpower programs, and special projects have been funded to identify, counsel, and refer those veterans with military experience related to medical care to jobs in health care identified by the project. These projects are called Operation MEDIHC (Military Experience Directed Into Health Careers). However, Operation MEDIHC projects are limited in their ability to provide training, subsidized employment and other manpower-related services.

7. HEW health manpower programs actively recruit ethnic minorities and economically disadvantaged students. However, these students often need remedial education prior to admission to health training programs. Federal financial assistance in health programs is not available for remedial education; as a result many of these students do not enroll in the program or drop out because of lack of preparation.

8. HEW Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) grantees, including community-based alcohol, drug abuse and mental health centers and training projects have needs for skilled subprofessionals, such as vocational and outreach counselors, and public education specialists to strengthen their service impact and effectiveness. However, funds available through these programs to train in these fields are limited.

9. HEW health service program grantees are under pressure to increase self-sufficiency through third party reimbursement because of declining Federal support. These grantees have been heavily subsidized to enable those in need to obtain health services at minimum cost.

The Administrator's Objectives

In addition to positive impact on the above HEW program priorities and issues as well as on those affecting CETA, high payoff coordination arrangements should meet some general objectives of the agency/program administrator for improved activity. The three categories of objectives might be grouped thus:

1. Improved Service Delivery

(a) through expanded service

(b) through addition of services

2. Improved Resource Utilization

(a) through access to untapped resources

(b) through better-focused resources

3. Improved Program Operations

(a) through a strengthened information base

(b) reflected in higher performance

(c) through a supply of qualified, entry-level staff.

Improved Service Delivery

a. *Through expanded service.* Joint service to common clients permits each agency either to serve more clients with the same resources or (looking at it the other way) to provide substantially expanded services to existing clients at no extra cost to either agency.

b. *Through addition of services.* CETA and various HEW-funded programs sharing the costs and responsibilities of serving common clients can also share the costs of services which might be infeasible for either without some form of cost sharing. These additional services, of course, can be purchased jointly, depending on availability and reliability of a third party to provide them.

Improved Resource Utilization

a. *Through access to untapped resources.* Coordination can make possible access to funds not otherwise available to either party. Research and demonstration funds earmarked for coordination experiments are an obvious example. Many HEW-backed initiatives (e.g., Title XX—Social Services) include legislatively authorized *training programs* which CETA could organize and in which VR clients could participate.

b. *Through better-focused resources.* Several illustrations of shared funding for common clients have been mentioned above and are outlined in detail in Chapters Four through Seven. Most would have the effect of shifting CETA emphasis in the direction of the "most in need" while at the same time enlisting the skills and resources of agencies who have specialized in serving those with greatest need.

Improved Resource Utilization

a. *Through a strengthened information base.* With the labor market information CETA planners gather for their own purposes, HEW-funded programs make better-informed decisions as to how to guide clients toward their employment goals. With accurate data on the extent and magnitude of HEW program-type needs in their jurisdiction, CETA might be able to more precisely identify "significant segments."

b. *Reflected in higher performance.* Where CETA and all HEW programs share responsibility for a common client, the end result is higher reported performance for both programs (since, upon success, both can close the case with a "positive termination" in employment). While in one sense this is double-counting, from the client's perspective it is coordinated service with a positive outcome that neither program could provide alone and at the same level of expenditure. In that client's case, a simple reporting incentive may have played a role in achieving *better results* than otherwise might have been possible.

c. *Through a supply of qualified, entry-level staff.* This is undoubtedly less of a direct advantage to CETA programs than to others (e.g., Title XX—Social Services, which can tap Federal dollars above the Title XX ceiling for purposes of training professional and paraprofessional service delivery staff). However, one of the most broadly overlooked coordination opportunity classifications is that through which Federally-supported programs can combine to serve each other directly. Why, for example, should CETA not train clients to work for Title XX vendors—with Title XX financial participation in the training?

Assessing the Risks

Steps in the analytic process up to this point will have assisted in identifying and assessing the benefits to organizational objectives and clients of possible coordination arrangements. They will also have enabled a relative judgment as to which among several potential opportunities might have the greatest likely benefit.

Prior to proceeding, it is wise to assess the internal environment in which a coordination arrangement must operate. Here, agency leadership will be crucial. Often non-standard projects such as coordination of related programs fail to achieve their potential because those pursuing coordination fail at the outset to anticipate fully the nature or magnitude of potential obstacles or, when confronted with those obstacles, program leadership is unable to invest the efforts required to steer the initiative around them. Before moving forward it is essential to assess agency commitment to achieving the results of coordination and the time and effort such commitment will demand.

Organizational disruption and resistance to change are bound to accompany new operating and administrative arrangements with an agency. The resistance, moreover, is often unconscious. People continue in the old ways out of habit, simply forgetting to adapt to the required change. The experienced administrator, however, will assume that these obstacles are part of the price to be paid for coordination. And keeping an eye on the potential benefits, he or she will take appropriate action to head-off or remove the inevitable obstacles.

Among the factors that should further be assessed are:

—organizational and administrative factors

—political implications

—personality considerations

—the Federal agency position.

This can be carried out informally and unofficially. It is usually counterproductive to involve more than a small group at this stage in the process, until agency leadership has decided that the overall situation is favorable to the initiative being proposed. If your analysis of the opportunities and your current program situation reveals strong potential for success, then conversations with others can begin.

Organizational/Administrative Factors

Organizational and administrative considerations may have the most immediate impact on success or failure. It is unlikely that coordination objectives will be realized in the absence of cohesive internal support in either program. On the other hand, internal issues represent the area over which you have greatest influence, and early recognition of potential internal problems can lead to their successful resolution. The following checklist identifies a number of organizational considerations that might be reviewed.

Organization/Administration

☐ What components of your organization will be most affected by the proposed coordination? Are there components that will be affected indirectly (budget, payroll) rather than through direct involvement?

☐ What do you already know about your own program components' probable willingness to cooperate?

☐ Which individuals within your organization will be most supportive of your proposal? Which do you think will offer the most resistance?

☐ Are there performance goals that will be affected positively or negatively by the coordination effort?

☐ Are there any internal organization "political" issues that might affect coordination efforts?

☐ What do you currently know about the organization with which you will be dealing regarding the above questions?

☐ With which individuals in the counterpart organization do you currently have strong relationships?

☐ Who in the counterpart organization is in a position to make the kinds of decisions you think will be needed to accomplish the proposed coordination?

☐ Is there any prior history of coordination attempts between the two programs that might enhance or interfere with your current undertaking?

☐ Are there other organizational relationships (e.g., advisory groups) that have to be taken into account while pursuing coordination?

☐ Are there existing procedural requirements of which you are aware that will be obstacles to achieving coordination?

☐ Is there any prior history of attempts at modifying procedural requirements in the manner envisioned?

☐ Who in your own organization is in a position to accomplish procedural modification? How long will it require?

Political Implications

In recommending that decision-makers consider the political environment when assessing coordination opportunities, it would seem that, rather than politicizing the issues, proper identification of existing political concerns that may affect coordination is necessary in order to take advantage of supportive policies of the Chief Elected Official (CEO), to reduce the chances that political issues may overrun the project, and to avoid embarassment to that official and to the agency. Where the objectives of the project and the aims of the CEO coincide, prospects of success are significantly bolstered. The following checklist specifies some considerations.

Political Environment

☐ What attractions or risks might your proposal for coordination hold for the Chief Elected Official (CEO)?

☐ Has the CEO or any of his representatives expressed a public position on the type of initiative you are proposing?

☐ Are there minor modifications to your proposal that would not affect the desired outcomes but which would make it more acceptable to the CEO?

☐ Will the planned undertaking involve groups within the community or external organizations which might indirectly involve the CEO (e.g., appointed advisory groups, etc.)?

☐ Will the proposed undertaking require the formal approval of the CEO? Tacit approval? Is any direct action by the CEO required?

☐ How is access to the CEO best achieved (directly; through others)? If intermediaries are involved, do they represent additional obstacles? What is needed to convince them?

☐ If CEO involvement is advisable, when is the best time, for him and for you, to introduce your proposals to him?

☐ Does your program or the program with which you will be dealing have a prior history of political controversy that is likely to affect your efforts?

☐ Are there legislative committees whose approval will be necessary to carry out the project? What is the best way to deal with them and who is best to do it?

Personalities

A realistic appraisal of the situation must consider the personalities of all those who will be involved. The tendencies, approaches, styles, and idiosyncracies of the various individuals must be counted.

A review of individuals should also include an assessment, if possible, of the characteristics of key HEW program management so CETA will be best prepared to present the project in the most appealing fashion.

The Federal Position

CETA and the HEW-funded programs described here are dominated by the presence of Federal dollars. Even though agency autonomy in program activity is high, coordination initiatives are not likely to succeed without Federal support. In certain cases Federal officials can be of value in removing obstacles to success, such as the granting of formal waivers or informal approval of a use of funds. Assessing early the potential benefits and/or problems that the Federal sector can bring to the effort will enable deliberate actions to take advantage of the benefits and minimize the problems.

The HEW Regional Director's manpower coordination unit, headed by the Regional Manpower Coordinator, exists for just the purpose of assisting state and local program operators and CETA Prime Sponsors to work together more effectively. This staff has in recent months conducted detailed analyses of the operation of HEW programs in each state and is accordingly well-versed in the basic issues confronting those programs.

The Regional Manpower Coordinator will not attempt to deal with individual program issues, which are properly the responsibilty of state and national agencies, Prime Sponsors, or the Department of Labor, but will be available to assist *where requested* with the analysis, design, or implementation of coordination opportunities.

A list of Regional Manpower Coordinators is included as an appendix to this guide.

Reducing the Risks

Each potential coordination arrangement will include certain risks as a part of its design. These risks are real and cannot be ignored in developing a successful agreement to implement the arrangement. The illustrative coordination arrangements in Chapters Four through Seven specify major risks likely to be perceived by CETA and other staffs, and the actions that could be taken to reduce each risk. Similar analysis by CETA staff or other coordination options will generate similar indications of likely risk areas.

Early identification of potential risks can assist in making a final decision whether to proceed. It can also identify immediate actions that can be taken to reduce the risk. Once the project is underway however, the most significant risks will develop: those operating problems which may cause failure through lack of communication or absence of mutual agreement. A thorough written operating agreement (about which more later) will do much to prevent these occurrences. Identified risks can be addressed in the agreement and specific actions to prevent their occurrence laid out.

Approaching the HEW-funded Program

Heretofore, the program analysis and review of benefits and risks have likely been conducted only verbally. It is wise at this point to develop, for limited internal use only, a written description of the present conceptualization of the project. Doing so provides a second look at some of the assumptions underlying the project, helps identify potential problem areas, and often provides the first opportunity to specify the actual negotiation and implementation steps that will need to take place.

This project description need not (should not) be a formal document. Rather, it provides a rigorous review of the pros and cons of the project before discussing it with the HEW program staff and provides a "script" for explaining the project to others. It should include:

—What results (benefits) are expected.

—Why they are best achieved through coordination.

—With what specific programs and agencies it is appropriate to coordinate.

—What benefits will be attractive to that program/agency.

—Disadvantages which are readily apparent and which must be overcome.

—Obstacles and risks and strategies for their reduction.

—Specific steps each participating agency must take in order to get the project under way and in order to carry it out.

Activities to this point in analyzing the benefits and risks (internal and external) of a coordination project should provide good preparation for the discussions with others that will follow. Consider several basics, though, before proceeding.

—The benefits of coordination must be as clearly perceived by the HEW program staff as they are by CETA. If both organizations don't feel they will gain, the project will fail.

—The more individuals actively involved in negotiating a coordination agreement, the higher is the probability that progress will break down before agreement is reached.

—Early support of individuals in key decision-making capacities can make the process easier, but it is essential that the merits of the proposal be argued convincingly while risks are presented in proper perspective.

—Resistance to change will occur within both CETA and the other organization, but realistic strategies can be developed to overcome it. Habit, tradition, and fear for one's role in a new system are powerful deterrents to cooperation. If you anticipate them, you can deal with them on an individual-by-individual basis. If you ignore them, the resistance can gather collective momentum and severely compromise the goals of the project.

—When planning to implement a coordination proposal, be as realistic as possible about what can be controlled or influenced and what is beyond current agency capability or capacity.

At this point, discussions with a counterpart in the other organization can begin with realistic chance of success. Initial discussions seldom result in immediate agreement, though. The individual with whom you are dealing will need time for internal assessment of the benefits and risks from his/her perspective. Therefore, it is important in first discussions to:

—Introduce the proposal logically and as simply as possible, stressing the benefits to both agencies and to both agencies' clients.

—Stay away from premature discussions of organizational implications, budgets, authority, or other issues that involve "turf."

—Try to view the initial reactions of the counterpart from that program's perspective. Remember, a person is not convinced merely because his objections have been silenced.

If the initial discussions are successful, there should be basic agreement as to the value of proceeding further. The first step therein should be the development of specific, mutually agreeable, realistic results for the project. In determining what is realistic, both program staffs should together:

—Review all original expectations for the project and modify them as necessary to be satisfactory to each organization.

—Agree on the specific results that are expected from the coordination proposed. When this is achieved, put them in writing.

—Exchange frank views on what constraints and obstacles to the proposal exist from the point of view of each agency, based on both internal and external analyses.

Once there [illegible]ment on the results that both pa[illegible] expect and the issues each thinks will arise as those results are pursued, it is necessary to design the operating details of the project and to record them in a written agreement. Developing the project plan is critical in one very special way—it is the initial test as to whether or not both programs can work together toward a common purpose.

Key officials of the agencies involved should agree on:

—Specific actions/decisions that must take place prior to the signing of an agreement. This should include items such as procedural waivers, legal opinions, authority to enter into financial arrangements, broad organizational requirements, etc.

—Specific individuals or other agencies that will need to be involved. These should be those individuals in a position to approve the specific actions or decisions listed above.

—Strategy and timing for involving key individuals, particularly the Chief Elected Official, if required, or other highly placed individuals. Plans should include identification of issues that should be resolved prior to soliciting support and identification of arguments that will be most persuasive in gaining their support.

—A schedule for completing the agreement. This should detail the schedule on which each action item or decision should take place and should specify individuals responsible for accomplishing each item.

Negotiating a Written Operating Agreement

Two steps remain in putting the project into operation:

—Finalizing a written agreement that will specify the way coordination will take place.

—Working together to carry out elements of the plan.

Both steps will probably move forward concurrently. In many cases the agreement will not (and need not) be a formal *contract* between agencies. Rather, the written agreement serves as a document which ensures that all staff participants in the project, particularly those who were not a part of its development, understand the results to be achieved and the various assignments that will ensure their accomplishment.

Note: An unwritten agreement is not an agreement at all—it is an understanding and understandings are easily misinterpreted as time goes by. If programs have something worth doing together then it is worth taking the time to record the details properly. Everyone will have invested far too much time and energy by the time actual coordination activities are scheduled to start to base success on memories, impressions, or prior perceptions of what was agreed.

A written operating agreement is very different from a legal enabling agreement between the agencies. Because, in the eyes of many, detailed "agreements" are synonymous with contracts they are frequently avoided as unnecessary or restrictive. In other cases, agencies sign agreements establishing the legal basis for coordinating but omit the necessary detailed description of how that coordination will take place. In either case, the result is usually confusion and misunderstanding at the operating level, requiring considerable time to discuss what was supposed to happen and in what way. In fact, absence of a written operating agreement can cause the project to begin wrong or too late, dooming it from the start. It only takes limited experiences of this nature before both parties are ready to concede that it is easier to work alone.

Although legal documents are usually necessary when formal relationships are being established covering a broad range of activities or services or involving financial transactions, these should not be confused with the operating agreements that are always necessary regardless of the scope or degree of formality.

Although they may vary widely in format and language, all good agreements state, at a minimum:

1. Precisely what is to be accomplished between the two parties (purpose, reason for coordinating).

2. The situations in which the agreement will apply.

3. A summary of the agency activities that are affected by coordination and the way in which these activities will be expected to serve the coordination project.

4 Who, in each organization, is responsible for the specific activities listed.

5 What will constitute service standards, response time, etc. (e.g., provision of counseling interviews within 5 days of request).

6 Administrative procedures (reporting procedures, supervision, etc.)

7. How and how often service standards will be reviewed.

8. Modification procedures.

9 Financial arrangements.

An agreement that covers the above items leaves little room for debate on what was intended, what was supposed to occur, when it was supposed to occur, or who was responsible. Although it is more difficult to agree on that kind of detail than it is to wait and "work things out" once the project begins, your efforts in putting together a good agreement will be more than offset by the strengthened, predictable nature of the coordination which results.

An example of a complete operating agreement is included at the end of this Chapter.

Working Toward Success

Once the project is underway, the challenge to all participants is keeping the initiative moving forward despite whatever obstacles may arise. If major obstacles have been anticipated the task will be easier but under no circumstances will a new and different experience such as this be easy. Offered below are some tips on keeping the initiative on track.

1. Expect problems and budget enough time (both calendar time and person-hours) to deal with them. Even the most thorough planning cannot account for all contingencies.

2. When lack of progress in any one specific area threatens the undertaking, review the original agreement on benefits, particularly those accruing to clients, and the agreement to date, emphasizing where the ability to resolve issues has already been demonstrated.

3. Keep in mind that individuals in both organizations have the same kinds of concerns (political, personalities, regulations) and that both must decide how and with what speed to deal with internal issues.

4. If unable to resolve an issue that is critical to the success of the project, don't move ahead until it is resolved (see item 1 above). There is almost never reason to expect that resolution will become easier in the future.

5. Don't let individuals involved in implementing a coordination strategy get so involved in the *process* of accomplishing it that they forget why they wanted it in the first place.

6. Plan the work with a view toward conflicting or competing time requirements. If, for instance, the major activity in preparing for coordination must occur simultaneously with final preparation of the yearly program plan or an agency reorganization, chances are coordination will come in second—and last.

7. Once it has been decided that coordination will in fact take place, internal staff of both programs should be thoroughly oriented on what this means for them and what will be expected of them. If staff is involved at the proper time, they are likely to have more of an interest in and commitment to the success of the effort.

Evaluating the Process and Project Results

If agencies agree to proceed on a coordinated approach to service delivery, they should make certain that both agencies profit from the experience and if successful or not, learn why.

To gain this knowledge, which will be very valuable in designing future activities, some form of evaluation of the results of the project *and the processes that took place* will be needed. While that evaluation is not the subject of this guide, it is clear that whatever form the evaluation takes (simple or complex, formal or informal, quantitative or qualitative) the written operating agreement will provide the basic record of what the project set out to do. From this, any intentional or unintentional deviations can be measured and analyzed.

Appendix I: Illustrative Agreement

The following agreement is offered as an illustration, in accordance with the principles set forth in this Chapter. It has been prepared in connection with Vocational Rehabilitation Case No. 1: The Joint IWRP/EDP, which begins on page 35.

I. Purpose

Because increasing emphasis is to be given in the state of ____________________ to targeting Federally-supported Vocational Rehabilitation on the severely handicapped, and because a significant number of eligible, though less severely handicapped individuals may have limited services, and further because those less severely handicapped persons are a significant segment of the unemployed, under-employed and/or economically disadvantaged population of (*Prime Sponsor area*), the (*State*) Department of Rehabilitation (specifically District X, within which Prime Sponsor falls) and the Prime Sponsor agree to cooperate in the provision of services to individuals eligible for assistance under both the Comprehensive Employment and Training Act of 1973 and the Rehabilitation Act of 1973.

II. Expected Results

The parties hereto contemplate service as specified herein to approximately thirty-six (36) individuals over a twelve month period commencing on the date this agreement is last signed. The parties agree to exert their best efforts to identify and commence service to approximately three (3) persons per month in order to achieve the goal. This project is experimental in nature, for which reason the parties agree to exercise flexibility as appropriate to changing conditions and as indicated upon review of experience. Problems will be discussed as encountered and addressed rapidly.

More specifically, the participating agencies expect this joint activity to accomplish the following:

—Significantly increase the number of handicapped individuals served and found employment by the Prime Sponsor.

—Provide for timely and satisfactory treatment of individuals referred to District Vocational Rehabilitation offices by the Prime Sponsor CETA staff.

—Allow the Vocational Rehabilitation District Office to increase its level of service to the severely handicapped with minimum disruption of services to less severely handicapped by utilizing CETA services and resources wherever feasible for the latter group.

—Make appropriate assessment and counseling services available to all CETA participants believed eligible for Vocational Rehabilitation (with reimbursement of costs for those found ineligible).

III. This Agreement Will Apply in the Following Situations:

—Where a VR counselor and a CETA counselor agree that joint services to a specific client will be beneficial in assisting that person toward full time employment.

—Where appropriate authorities of each participating agency agree on the desireability of shared funding of a service to clients of both agencies.

—Where intake or assessment personnel of either agency have reason to believe a client may be eligible for the other program.

—Where individuals contact both agencies on their own initiative and are found to be eligible to participate in both programs.

IV. Activities that Will Be Affected

Both participating agencies will make available to jointly eligible clients all appropriate services from among the spectrum provided by the agency.

VR will be expected to provide any services as agreed, including, but not limited to

—physical restoration

—mental restoration

—sheltered workshop experience

—physical therapy

—counseling

—telecommunications and sensory devices

—readers and interpreters

CETA will provide any program service or activity agreed upon in advances including, but not limited to:

—institutional training

—on-the-job training

—work experience

—public service employment

—allowances

—day care.

Job development and placement responsibility for joint clients will be negotiated on an individual basis not later than completion of the assessment process.

CETA will conduct follow-up and provide post-placement services for joint clients during the initial 30 days after placement. VR will provide post-placement services as required after the initial 30 days after placement. (Placement is defined for purposes of this agreement as Status 26 [VR] and/or the first day of unsubsidized fulltime employment [CETA].)

Reports on post-employment services and follow-up will be provided by the program carrying-out the activity to the other program in a format consistent with existing reporting requirements.

V. Specific Responsibilities Within Each Participating Agency

Intake interviewers in both VR and CETA will be responsible for identifying clients potentially eligible for both programs and reporting such information to the appropriate counselor or caseload manager within 72 hours.

Counselors will be responsible for confirming potential joint clients and contacting an identified counterpart in the other agency regarding opportunity for joint provision of services.

The counselor or client services staff making initial identification will arrange for assessment by the other agency. Final decision on whether or not to provide joint services and the specific services to be provided will be made by the client's counselor in the referring agency and the counselor to whom the individual will be assigned in the receiving program. In the event that a decision is made to mutually provide services, a completed preliminary service plan will be developed by these two individuals within time frames specified below.

Once service provision has been initiated, each program will assign responsibility for client progress consistent with regular internal program operations. The caseload counselor in the agency not currently providing services will review client services and activity on a monthly basis.

VI. Administrative Procedures

Supervision and service personnel activity in each agency will follow policies and procedures established for that agency.

The individual client's counselors in each agency will communicate with one another directly on all matters pertaining to client activity and progress.

All status changes, completions, placements, terminations or interruptions in service will be reported by the agency responsible for the activity to the other agency within five days.

The agency currently providing a service or activity will notify the other agency of impending service responsibility 10 days prior to the time such services will be required.

Both VR and CETA agree to make available to the appropriate counselors all information and data regarding common clients. Confidentiality of client data will be maintained by VR and CETA personnel.

Each agency will be responsible for costs of services provided directly or by subcontract in carrying out their portion of the joint service plan. Any limitation on costs to either agency must be specified at the time the service plan is negotiated.

Additional services or extension of services not included in the original services plan will be negotiated by the appropriate counselors and must be mutually agreed upon.

VIII. Review of Standards

Mutual client caseloads will be jointly reviewed by VR and CETA staff at one month intervals.

Termination data (placement, dropout, completions) will be reviewed jointly at three month intervals.

Individual services plans may be reviewed individually or jointly as deemed necessary by either agency.

IX. Modification Procedures

Joint services plans and associated costs may be modified by mutual agreement between the client and the appropriate client representative of both VR and CETA.

In the event that mutual agreement is not forthcoming, either party may terminate the agreement regarding any client after giving sufficient notice to the client and making provisions for continued service where feasible. Each agency will be responsible for client costs it incurred up to the time of service termination.

VII. Service Standards

Enrollment

A potential client:

—must meet statutory eligibility requirements of both VR and CETA as certified by an authorized individual in each program;

—must be able to benefit from program services as determined by appropriate personnel in each program;

—must have rehabilitation and manpower development needs that can be satisfied within applicable program participation limits (104 weeks for CETA);

—must have service needs that VR and CETA can satisfy more efficiently and effectively jointly as determined by representatives of each program (e.g., minor rehabilitation needs that currently prevent successful participation in CETA);

—must have participated in both VR and CETA assessment processes.

Joint Service Plan

—plans must specify precise service needs for both rehabilitation and employability development for a specific occupation.

—plans should specify sequences and duration of services.

—plans should specify the specific outcomes expected from each service and the client prerequisites for beginning the following service (e.g., if facility with an artificial limb is required prior to the initiation of training, this information should be specified in the plan).

—each agency's responsibility for services and outcomes in the joint plan should be clearly delineated.

Services

—services delivered must be precisely as specified in the plan.

Timing

—each agency will schedule an assessment interview for potential common clients within 15 days after initial contact by the other agency or will justify its inability to do so and schedule an alternative date.

—the joint services plan shall be completed within 15 days of a mutual decision to provide services jointly.

—each agency will commence provision of services within 5 days of completion of a prior activity unless a longer period is mutually agreed upon to conform with training cycles, etc.

—reports on status or activity will be provided the other agency within 5 days

X. Financial Arrangements

Each agency shall be responsible for costs of services provided directly or by subcontract while carrying out its portion of the joint services plan.

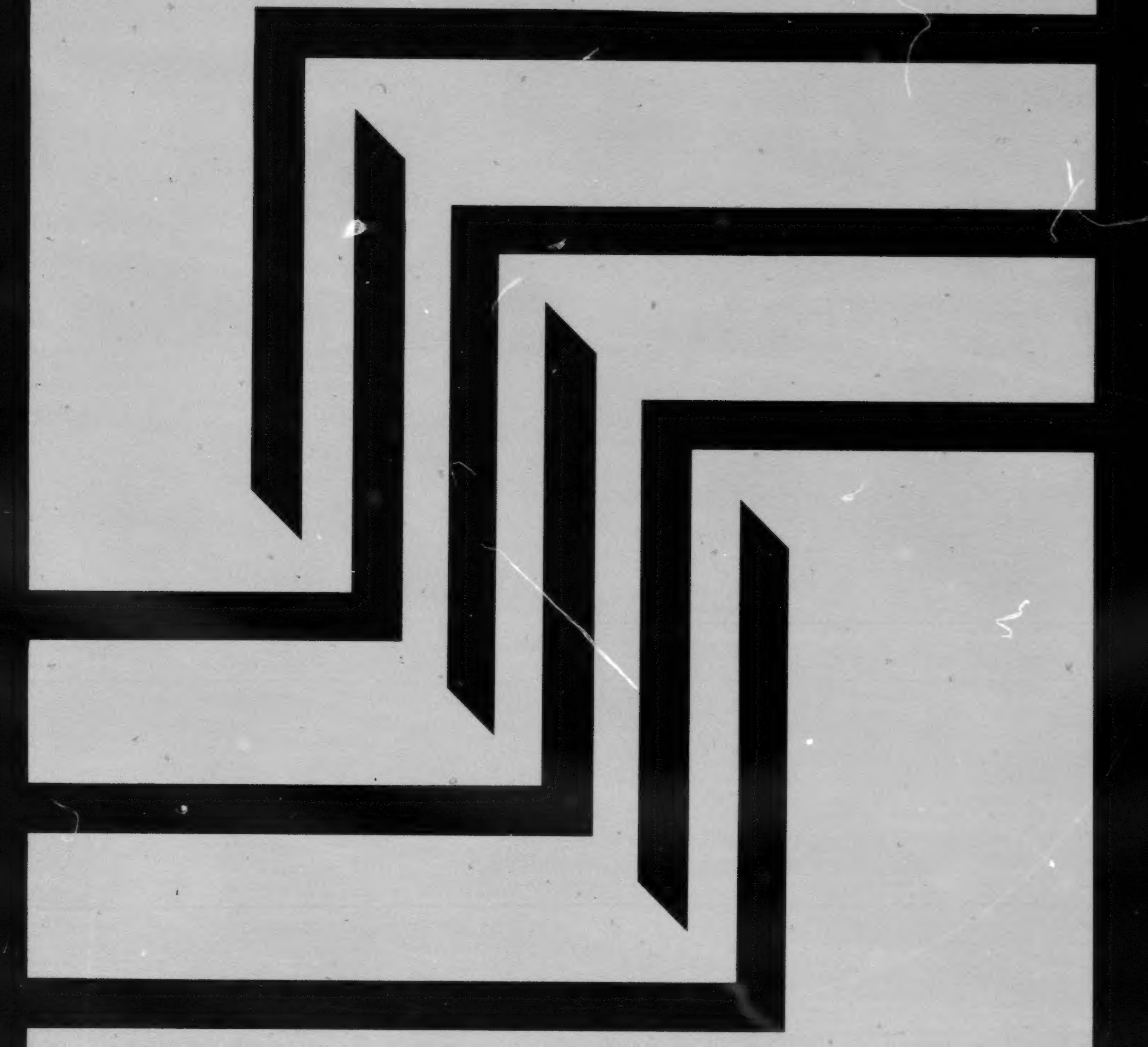
Cost ceilings on services where applicable will be included in the joint services plan at the time of negotiation.

Pro-rated costs for services mutually provided will be specified for each joint services plan if applicable.

Costs for additional or extended services not originally agreed upon may be assumed unilaterally by either agency; however, modifications requiring the other agency to assume additional costs must be mutually agreed upon.

Chapter Four

Vocational Rehabilitation Program Summary



The following summary of vocational rehabilitation legislation, regulations, and administrative provisions is intended to be of value to CETA Prime Sponsors who wish to take the first step in the search for mutually attractive coordination opportunities. This section is intended to be only a summary; for a more detailed examination of the vocational rehabilitation program, Prime Sponsor staff should review Federal and state legislation and regulations in more detail and are encouraged to establish direct relationships with state and local vocational rehabilitation administrators.

Background

The Rehabilitation Act of 1973 (Public Law 93–112) was passed and signed into law in September 1973, replacing all previous VR legislative authorities and providing a statutory basis for establishing a separate Rehabilitation Services Administration within the Department of Health, Education and Welfare. The legislation was amended in December 1974, by the Rehabilitation Act Amendments of 1974 (Public Law 93–516). The 1973 legislation and subsequent amendments added new directives for serving the handicapped population by expanding programs for the handicapped and placing special emphasis on services to the most severely handicapped. The latest Federal regulations governing VR programs were published in the *Federal Register*, Part III, Department of HEW, Office of Human Development, Vocational Rehabilitation Programs, Chapter 13, published November 25, 1975.

Vocational rehabilitation has historical significance as one of the oldest Federal grant-in-aid programs. It is designed to coordinate resources to bring the handicapped person to fullest employment capacity. Initially the program offered a limited number of services—training, counseling and placement—which were available only to individuals with a physical handicap. Subsequent legislation made substantial changes in the concepts of "vocational rehabilitation" and "vocational rehabilitation services" by including services necessary to render an individual employable and extending client eligibility to the mentally handicapped.

Within the last few years Congress has placed additional program emphasis on the rehabilitation of the severely handicapped rather than on those handicapped who are more readily placed in employment. The 1973 legislation reflects this concern by mandating that the severely handicapped be the primary target group for VR services.

Purpose of Vocational Rehabilitation

Vocational rehabilitation consists of a combination of services provided to the physically and mentally handicapped for the purpose of preparing handicapped individuals to obtain a remunerative occupation. VR services are provided to handicapped individuals whose disability hinders their employment potential or stability.

With the enactment of the 1973 legislation, VR services and activities were targeted towards the severely handicapped. At the same time, however, VR administrators were not required to discontinue services to other eligible handicapped individuals. Maintaining this balance between the current level of service to all handicapped and increasing service to the severely handicapped is a difficult task facing the VR program. Program financial resources for the severely handicapped have not sufficiently increased to offset the costs involved in the more extensive range of services needed to make the severely handicapped fully employable. Many administrators have found it necessary to expand the use of cooperative agreements with other programs in cases where other legislation provides funds which could be used by handicapped individuals

VR legislation is organized into five separate titles, each with a different emphasis, and nine introductory sections describing:

—purpose

—statutory basis for Rehabilitation Services Administration

—advance funding mechanism

—joint funding procedures

—consolidated plan

—definitions

—allocation percentage

—audits

—non-duplication of state's share of funding.

Title I (B): Basic Vocational Rehabilitation Services

Authorizes grants to assist states in meeting the needs of the handicapped to prepare for gainful employment. Emphasis is on individualized services leading to employment.

Title I (C): Innovation and Expansion Grants

Provides a portion of the cost involved in the planning, preparation and initiation of special programs to expand VR services. Includes programs for the most severely handicapped and classes of handicapped (especially the poor) who have difficult rehabilitation problems.

Title II: Research and Training

Authorizes funds for planning and research, demonstrations and related rehabilitation activities, and for planning and conducting courses of training to increase the numbers of rehabilitation personnel. The majority of long term training grants are awarded to educational institutions while research grants go to governmental agencies, universities, hospitals, rehabilitation centers, etc.

Title III: Special Federal Responsibilities Grants
Grants for the initial planning and staffing of rehabilitation facilities and special projects which hold promise for better services.

Title IV: Administration and Program and Project Evaluation
Describes the Secretary's responsibilities for program and project evaluation, technical assistance, special studies and reports.

Title V: Miscellaneous
Establishes a Federal Interagency Committee on Handicapped Employees charged with reviewing the employment status of the handicapped and the Federal affirmative action program. Also establishes an Architectural and Transportation Compliance Board with responsibility for reviewing standards for Federally assisted construction. Mandates an affirmative action policy for handicapped with respect to any employers having Federal contracts and prohibits discrimination in any program or activity receiving Federal financial assistance.

CETA shares with VR the basic purpose of helping clients prepare for, secure and retain gainful employment. The end result of VR program activities is permanent employment which is consistent with the abilities and capabilities of the handicapped, which may include part-time employment and partial self-sufficiency. This differs slightly from the CETA goal of placing individuals in employment consistent with their capabilities and abilities and which is permanent, unsubsidized and provides economic self-sufficiency.

Grantee Eligibility
Eligibility for vocational rehabilitation funding varies with each of the Titles. In the case of basic rehabilitation services (Title I[B]) every state is eligible to receive funds determined by a state allocation formula based on population and per capita income. Innovation and expansion grants (Title I[C]) are made to states through a formula based solely on population.

To receive basic service funds, the Governor of a state must designate a single state agency recipient, labeled the General Agency, provided that the Agency includes a VR bureau, division or other organizational unit responsible for the VR program of that Agency. He may make a joint agency designation of a separate state agency for the blind, labeled the Blind Agency, *and* the General Agency if a portion of VR funds are being administered by the Blind Agency.

Title II and III funds are available to all state agencies and organizations and public and nonprofit organizations on a competitive basis. Grant applications are submitted to the Regional HEW offices where all grant funds decisions are made.

The VR formula tends to allocate funds on the basis of population with a significant adjustment in favor of states with lower per capita incomes. The formulae for allocating CETA funds, however, tend to favor jurisdictions with larger numbers of unemployed and economically disadvantaged regardless of overall income levels.

State VR agencies can develop agreements that extend to all of their District Offices, unlike CETA Prime Sponsors which negotiate agreements independently.

Who is Eligible to Receive VR Services
As stipulated by the legislation, VR services may be provided to any handicapped individual who:

—has a physical or mental disability which is a substantial handicap to employment, and

—can reasonably be expected to benefit in terms of employability from vocational rehabilitation services.

However, certain services may be provided to individuals for whom an extended evaluation of rehabilitation potential is necessary to determine whether he might benefit from the provision of vocational rehabilitation services.

The common CETA/VR client group are those individuals who are unemployed, underemployed or economically disadvantaged as defined by CETA and are handicapped in accordance with the VR definition.

Target Groups and Significant Segments
With the 1973 legislation, VR agencies have been given the mandate to direct an increased portion of VR services to a target group of severely handicapped.

A "severely handicapped individual" is defined as a handicapped individual:

1) who has a severe physical or mental disability which seriously limits his functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) in terms of employability; or

2) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; or

3) who has one or more physical or mental disabilities resulting from amputation, arthritis, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, and end-stage renal disease, or another disability or combination of disabilities determined on the basis of an evaluation of rehabilitation potential to cause comparable substantial functional limitation.

This increased emphasis on serving the severely handicapped plays a significant role in determining a state's client selection process. Unless a state plans to serve the entire handicapped population it must establish an order of priority for selecting other handicapped once the severely handicapped have been given first priority. There is no provision in the law which requires the denial of VR services once individuals have been determined eligible and capable of being rehabilitated.

The VR requirement to serve the severely handicapped is similar in concept to CETA's requirement to serve the most in need, the primary difference being that VR has specifically defined severely handicapped while "most in need" remains open to interpretation.

VR may maintain service to those less handicapped individuals who are eligible by law for rehabilitation services. This suggests that Prime Sponsors seeking coordination arrangements that might increase VR's capacity to maintain service to the less severely handicapped will be providing a strong incentive for cooperative action.

Services and Activities Under VR

The range of allowable vocational rehabilitation services and activities provides VR agencies with broad flexibility to meet the needs of a client on an individualized basis. Each client has a written plan which identifies the types of services necessary to prepare the individual for suitable employment. The Individualized Written Rehabilitation Program (IWRP) is developed in consultation with the client and is periodically reviewed and revised as the client progresses.

Activities and services authorized in the legislation are not intended to restrict or limit VR agencies, but are meant to serve as guidelines for formulating plans of service. Services include:

1. Assessment—evaluation of rehabilitation potential

—an in-depth determination of whether or not VR services will assist the individual in becoming employable, the nature and scope of services, and tentative goals.

2. Employability services

—service plan (required)

—counseling (both physical and mental)

—referral

—placement—consistent with client capabilities

—post-employment—after rehabilitation closure

—occupational and training tools

—occupational licenses

3. Employability training—on an individualized basis

—classroom

—tutorial

—on-the-job

—sheltered workshops—to give a client skills and employment confidence in a controlled work environment

—projects with industry—projects with private employers to prepare handicapped for employment in the competitive labor market

4. Medical services

—surgery

—prosthetic devices

—rehabilitative

5. Supportive services

—transportation

—technical aids and services

—books and tools

—maintenance

—initial stocks and materials for small businesses

—services to family members when necessary for rehabilitation

6. Services to more than one client

—construction and establishment of facilities

—ramps, vehicles for transportation.

For reporting purposes, once individuals have made application to the VR program they are placed in a series of caseload classification statuses which describe the progression of activities and services within the VR system.

—Status 00—Referral

—Status 02—Applicant

—Status 06—Extended evaluation

—Status 08—Closed from referral, applicant or extended evaluation statuses

Active Statuses

—Status 10—IWRP development

—Status 12—IWRP completed

—Status 14—Counseling and guidance only

—Status 16—Physical and mental restoration

—Status 18—Training

—Status 20—Ready for employment

—Status 22—In employment

—Status 24—Service interrupted

Active Caseload Closure Statuses

—Status 26—Closed rehabilitated

—Status 28—Closed other after IWRP initiated

—Status 30—Closed other before IWRP initiated

Like CETA, services and activities authorized under VR are comprehensive and flexible; some have different emphasis, however. Outreach, common in CETA, is not generally present; VR relies heavily on self-referrals and referrals from other service organizations. VR tends to organize training around the capabilities and interests of the individual while CETA tends to focus more heavily on the occupational needs and opportunities of the current and near-term labor market. In job placement, VR focuses on developing opportunities for specific clients.

VR assessment is frequently a much lengthier process than that in CETA, involving a significant investment of resources and time. The VR assessment process, like that is CETA, culminates in an individual service plan for individuals enrolled. In VR, however, the Individualized Written Rehabilitation Program (IWRP) is a program requirement much as the Employability Development Plan (EDP) was in many prior manpower programs and which is still in common use.

Under VR, counseling is assumed to be needed and is provided to every VR client. Evaluation counseling plus at least one other service must be provided to justify client closure as totally rehabilitated.

Medical services under VR can be extensive and usually require some physical or mental restoration. Most of these services require a heavy VR investment of time and funds. CETA usually provides medical assistance for minor medical problems and refers those individuals needing more complete services to other organizations although it is not restricted from providing more extensive services should a Prime Sponsor wish.

Individual tutorial programs, sheltered workshops and specialized institutional training programs are extensively used resources under VR. Post-employment services may be provided for extended periods after closure.

Classroom training and on-the-job training are used on an individual case basis and vary in emphasis from state to state.

Supportive services are extensively used in carrying out the IWRP.

Delivery of Services

In the majority of VR agencies in-house staff provide referral, intake, counseling and placement services while other needed services are acquired from outside providers on a fee-for-service basis. Emphasis throughout the VR program is on developing the most comprehensive service plan for the client regardless of per client costs or time. VR administrators are required, however, to conduct a "similar benefits" review of services offered by other programs in cases where selection of an alternative deliverer would not cause a serious delay in physical and mental restoration or maintenance services.

> *Staff and service arrangements are not prohibited by the VR legislation. However, most service staff functions funded by VR must be directed only to VR clients. This suggests that most coordination arrangements involving service to clients would require a mutually eligible target group.*

The VR legislation (1973) makes special provisions for the development of new evaluation and performance standards for application to all state VR programs. Each standard is grouped under the heading of (a) persons served, (b) program efficiency and (c) outcomes. Levels of performance have been created for each standard.

As stated, the purpose of these standards is to:

—establish criteria for evaluation of program effectiveness

—increase program accountability

—require states to carry out more comprehensive evaluations on their own

—provide analytic data for HEW to assist in renewal or supplemental assistance decisions.

During the current first year implementation of these standards both the National and Regional HEW offices will be emphasizing the role of program evaluation and review.

VR's primary performance measure, successfully closing an individual's case as rehabilitated, may or may not be consistent with a successful termination in CETA. VR placements must be of a duration of 60 days in order to classify as rehabilitated. However, income level (self-sufficiency) is not necessarily a factor. Moreover, cost per placement is not scrutinized as it is in CETA.

Just as CETA sponsors will be measured for their success in serving "significant segments" and the "most in need", VR agencies will be monitored for their success in expanding service to the most severely handicapped. This will continue to be a major concern to VR administrators. Finally, in addition to success in rehabilitating VR clients and expanding service to the most severely handicapped, state agencies will probably be measured by their success in maintaining current levels of service to the less handicapped population.

Reporting Requirements

VR administrators are required to report administrative and financial information to HEW on client enrollment status and characteristics, including:

—Total number of VR clients accepted or rejected by:

  referral

  Status 05: rejected

  Status 14: counseling only

  Status 16: physical/mental restoration

  Status 18: training

  Closure statuses

  Client characteristics

  Identification of handicap

—successful completions

  Status 26: rehabilitated and suitably employed for at least 60 days

—other completions

Status 28: closed—IWRP not completed

Status 30: closed—IWRP not initiated.

The financial reporting system includes:

—Planned vs. actual year-to-date total by target group

—Planned vs. actual by activity

—Case services (per client costs)

> ***The reporting requirements of the two programs are compatible in the sense that:***
>
> ***—a successful placement for CETA which is in excess of 60 days is a success under VR.***
>
> ***—CETA and VR permit "carrying" a client while the other program provides substantial service under a co-enrollment arrangement.***
>
> ***—both programs will benefit from a cost-sharing arrangement, provided it is negotiated in advance of the annual plan or that it happens to fit with an unplanned shortage of funds.***

Role of the Vocational Rehabilitation Organizational Unit

The Rehabilitation Act of 1973 as amended provides several options to a state regarding the operation of the VR program. The Act requires that the sole state agency designated must include a VR bureau, division, or other organizational unit which is primarily concerned with VR or vocational and other rehabilitation of the handicapped and is responsible for the vocational rehabilitation programs of the state agency. The designated agency may be a Department of Labor, a Blind Agency, an independent commission, a Department of Education or any umbrella agency that meets the legislated organizational requirements. The designated agency (or joint agencies if the Blind Agency is administering a portion of the program) is responsible for preparation of the annual state plan, administration of the plan and program supervision.

The VR program is state administered with offices and staff distributed throughout the state at the district (regional) or local levels. Substate units are involved with daily program operation involving client/counselor relationships.

> ***Unlike CETA, which designates the Chief Elected Official as the recipient of CETA funds who in turn designates a lead agency, VR funds go directly to the sole state agency. State VR agencies have jurisidictional responsibility for the entire state including regional, district or local offices, while local and county CETA Prime Sponsors operate independently within their own jurisdictions.***

Vocational Rehabilitation State Plan

States must submit an annual state plan. This plan, when submitted by the state and approved by the regional HEW office, forms the basis for the operation of the state VR program.

The plan is divided into two parts: Part A contains basic assurances and Part B includes program factors for the coming fiscal year. The basic assurances section has a checkoff list which can be utilized unless the state has deviated from the prescribed plan.

Part B consists of program information for the fiscal year including:

—estimates of the numbers to be served and rehabilitated

—methods to expand and improve service to the most severely handicapped

—changes in the order of selection and outcomes and service goals

—changes in policy resulting from statewide studies and annual program evaluation.

Part B must be updated and submitted annually while Part A needs to be reaffirmed or amended only as needed. All state plans have an allotted forty-five days for gubernatorial review and comment. Plans are due in the Regional HEW office on May 1 of each year.

The second basic planning document is the Program and Financial Plan (PFP) which is submitted prior to the annual plan and is used by the national office in preparing the five-year national budget and in developing short-term program designs. It contains program objectives over a five-year period:

—Universe of eligible disabled persons

—Program indicators of numbers served and rehabilitated

—Priority service target groups

—Numbers in Status 02 (applicant)

—Numbers in Status 06 (extended evaluation)

—Numbers in Statuses 10-24 (active statuses).

> ***CETA Prime Sponsors wishing to propose coordination arrangements to be included in the annual plan should initiate discussions with the VR lead agency well before the May 1 deadline. However, coordination opportunities are by no means limited to those which can be included in the annual plan. In fact, a coordination arrangement can often help accomplish new or changed goals or help resolve deviations from planned activity.***

Special VR Funds

In addition to the service funds available through the VR legislation, special provisions have been made in the Social Security Act for payments for VR services to disability beneficiaries from the Social Security Trust funds (SSDI) and for Supplemental Security Income recipients (SSI). Under these provisions an SSDI individual who meets the VR eligibility and selection criteria may be given VR services, including an extended evaluation of rehabilitation potential. All payments for these services are made by the trust funds. Similarly, SSI recipients under age 65, who are blind or disabled and are determined eligible for VR services and meet the selection criteria, may also be given VR services paid for with SSI funds. Both programs have a nine-month trial work period to encourage client self-sufficiency. It is mandatory for SSI and SSDI recipients to accept VR services offered in order to retain their SSI and SSDI payments.

> ***Some potential CETA clients who are SSI or SSDI eligible may also be VR eligible, which may result in a "common client" arrangement between CETA and VR.***

Mandate for Coordination

In an effort to promote and encourage coordination arrangements between VR and other program sponsors, the 1973 VR legislation specifically requires the annual plan to provide for coordination agreements.

Each state must make assurances in its plan that where appropriate it will enter into cooperative arrangements and utilize the facilities of other state agencies administering similar programs. Mentioned in the legislation are: Public Assistance, Developmental Disabilites, Veterans Administration, Health and Mental Health, Education, Workmen's Compensation, Manpower, Employment Services and Social Security.

> ***Section 106 (b)(2), (3) and (7) of the CETA Act requires also that each Prime Sponsor, to the extent feasible, must establish cooperative relationships or linkages with other manpower and manpower-related agencies in the area.***

Opportunity 1: The Joint IWRP/EDP*

Issues Facing CETA & VR

VR is currently challenged with a national mandate to direct resources to the severely handicapped, without reducing current services to clients who may be less severely handicapped. CETA is being encouraged to invest more of its program resources in those most in need, a category that includes the handicapped, yet persons less severely handicapped by VR standards may well be "too severely handicapped" for CETA enrollment by CETA standards.

In delivering services to clients, the CETA and VR programs have varying emphases on resources and activities. VR skills and resources can be applied flexibly and in different proportions, which allows greater attention to physical restoration if training costs are provided elsewhere. CETA skills and resources are concentrated in skills training and transitional employment strategies. In addition, the availability of services and resources from either program may fluctuate during the program year (e.g., VR may have utilized its vocational training money by December, while CETA still has untapped training resources). Both the program focus and cyclical availability of certain resources create problems for administrators attempting to respond to wide-ranging individual client needs on a timely basis.

How Coordination Can Help

VR and CETA have a mandate to serve individuals with overlapping eligibility for both programs. These common clients may be better served by developing an individual plan utilizing a combination of VR and CETA services that satisfy both the IWRP and the EDP. The real attractiveness to both agencies when analyzed against program issues is that it can allow VR to reallocate some scarce resources to the more severely handicapped while maintaining service to less severely handicapped. CETA benefits by serving individuals within the "most in need" category. This occurs because CETA has the capacity to serve individuals who have progressed sufficiently under a VR program to participate successfully in CETA employability training, on-the-job training and/or subsidized employment. Resources that would normally be spent on rehabilitation clients being served by CETA could be reallocated to a more severely handicapped VR client. CETA should have no objections to such an arrangement, provided the joint client has reasonable potential, as determined by CETA, for successfully completing the CETA-provided portion of the program. Proper reporting would credit both VR and CETA with a success.

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*Note: this case is the subject of a model operating agreement (Appendix 1).

How It Might Work

An agreement between a District Office and a CETA Prime Sponsor would specify that certain VR clients would have enrollment in CETA established as a component of the IWRP. In this situation the IWRP and EDP would best be developed jointly with particular emphasis on services or progress necessary prior to CETA enrollment and services VR would continue to provide during CETA enrollment. The VR client would begin CETA participation upon reaching the agreed upon rehabilitation level, consistent with CETA training cycles, etc. Prior to CETA enrollment, VR might provide certain restoration services (e.g., medical services, counseling) in accordance with the IWRP. Once completed, CETA would enroll the client and initiate employability development services (e.g., OJT, classroom training) consistent with the EDP.

Since the participant would be concurrently enrolled in VR and CETA, appropriate entry would be made in both VR and CETA reporting statuses at each juncture in the employability development, placement and follow-up stage. Placement responsibility could be negotiated on an individual-by-individual basis.

How VR Can Benefit

—Resources otherwise committed to occupational training could be diverted to more severely handicapped clients—or to rehabilitation of a greater number of clients.

—For the expenditure of less VR resources, VR can legitimately close out a case in Status 26.

—A portion of the responsibility of shepherding the client through (what may be) an extended period of occupational or on-the-job training falls to CETA.

—On-the-job training (public or private sector) public service employment, public employment with a goal of transition, and temporary public employment—all routine and large operations under CETA—are more accessible to VR clients.

—Placement credits can accrue to VR even where VR may not have had lead responsibility for the activity.

How CETA Can Benefit

—A client, otherwise needing more services than CETA is equipped to deliver, is enrolled and successfully placed in employment.

—Priorities on hiring the handicapped in both the public and private sector work to CETA's placement advantage.

—Pre-training assessment and counseling are handled professionally by VR.

—CETA can count the handicapped among "significant segments" it must identify and serve.

—Placement credits can accrue to CETA even in cases in which they did not have lead placement responsibility.

Risks to VR:

—That CETA will not have a job entry or job placement opportunity for the "VR" client upon completion of training in situations where it is CETA's responsibility to provide for placement.

—That CETA does not have staff or resources needed to respond to special needs of the handicapped client.

—That VR staff might be concerned that confidentiality of client information will not be safeguarded by CETA staff.

—That CETA funded training will not render the client fully employable.

Risks to CETA

—That VR will attempt to have clients enrolled who cannot successfully participate in CETA program components.

—That the cost of serving rehabilitation clients will be substantially higher than for other CETA clients.

—That early depletion of VR funds will leave VR unable to provide ongoing services agreed upon, leaving CETA to bear the entire costs of the joint VR/CETA clients.

How To Reduce The Risks

—Agree to utilize the arrangement on a case-by-case basis, with both parties free to reject or terminate individual arrangements.

—Negotiate "standards for enrollments" designed to safeguard the interests of clients and both agencies against careless judgments.

—Agree that VR will provide or reimburse CETA for costs of extraordinary services to common clients according to an agreed upon cost per client base.

—Agree to undertake joint job development and placement efforts on behalf of common clients where either agency anticipates any delay between completion of services and placement in permanent employment.

—Agree that VR will provide required post-employment services and follow-up for common clients in excess of 60 days on a case-by-case basis as needed. Both agencies will utilize follow-up data as needed for the CETA reporting system.

—Agree on "standards of confidentiality" vis-á-vis client information which satisfy legal, regulatory, policy and operating requirements of both programs.

—Agree that VR clients under this agreement will have claims to VR funds budgeted in the joint service plans so that funds shortages will not affect these clients.

Opportunity 2: The Joint Medical Services Program

Issues Facing VR and CETA

VR provides medical examinations to applicants who later may be found ineligible for VR, but who might be eligible for CETA. CETA does not routinely provide medical examinations to its applicants, and consequently may fail to identify medical conditions which may be future deterrents to employability. Moreover, CETA pre-application proceedings may routinely screen out VR-eligibles (severely handicapped), without referring them to VR.

How Coordination Can Help

Many Prime Sponsors feel that an essential pre-training element of CETA services is development of the clients' medical history to determine whether it is a deterrent to employability.

VR has the capacity and technology to assess need for and to provide medical services, but is prohibited from extending these services to non-VR clients. At the same time, VR does provide medical diagnosis as part of the process for determining VR eligibility. If CETA resources were available, VR could provide medical assessments of CETA applicants. Some of the CETA applicants might also prove to be VR-eligible or common clients. VR-eligible individuals could be served by the VR medical system at VR expense while individuals eligible for CETA only, who have problems of sufficient severity to require medical attention, could be treated at CETA's expense.

How It Might Work

An arrangement between the State Vocational Rehabilitation Agency and a CETA Prime Sponsor would specify that selected CETA participants would receive medical screening by CETA-funded VR counselors to determine common eligibility and assess the need for medical services. The counselors would also schedule medical examinations for all CETA clients as required. Initial medical examinations might be purchased by CETA on a fee-for-service basis. Pre-vocational medical services for CETA clients arranged by VR would be reimbursed by CETA. Clients determined to be VR-eligible as well would receive medical services at VR expense and become common clients.

The agreement would stipulate the financial commitment by each agency for supportive services (i.e., day care, transportation, etc.) provided for each individual undergoing medical examination.

How VR Can Benefit

—Increased staff resources needed for medical screening of the severely handicapped could be committed by VR. CETA funds would support the costs of VR staff necessary to screen CETA clients and potential VR clients.

—CETA resources would help support the identification of potential VR clients. Based on prior experience with similar groups of individuals, VR can project the percentage of handicapped detected by this process (usually 10%).

—Reporting requirements and additional paperwork will pertain only to CETA participants who are not VR eligible and who receive pre-vocational medical treatment and care. Common clients and VR clients would be reported routinely through the VR system.

How CETA Can Benefit

—CETA clients certified as medically without risk have an advantage with potential employers.

—CETA clients (who are not VR-eligible) receive treatment for minor medical problems at minimum cost. Common clients receive medical treatment at VR expense.

—CETA has access to a centralized medical screening unit at VR, greatly reducing costs and administrative time spent seeking such services on an individual basis.

—CETA clients with minor health problems would have them corrected as part of their EDP.

—CETA, by transferring VR-eligible clients with serious medical problems to VR, will reduce negative terminations and conserve resources.

Risks to VR

—That the increase in VR clients identified through the medical examination will significantly change the planned program budget.

—That non-CETA funded rehabilitation counselors' caseloads will be weighted with CETA/VR eligible clients, reducing the availability of counselor time for VR clients with severe handicaps.

—That CETA supervisory and consulting personnel will not have the capacity to respond to the special needs of handicapped individuals.

Risks to CETA

—That CETA clients will not be given the same level or quality of medical screening and diagnosis as VR clients.

—That minor medical problems identified by the VR counselors will require more costly medical services than usually provided to CETA clients.

—That CETA will have to maintain medical supportive services once VR is disassociated from the CETA/VR client.

How to Reduce the Risks

—Agree on "standards for pre-vocational medical screening and medical services" which address complexity of service, cost of service, maintenance after initial outlay, and number of services.

—Negotiate a sliding scale financial agreement which increases dollar amounts available from CETA funding as the number of CETA clients goes beyond the projected peak enrollment.

—Agree that additional CETA-funded counseling personnel will be provided if the caseload of CETA/VR clients per counselor and the average time spent per client exceeds the normal VR caseload.

—Agree to utilize supervisory and consulting staff provided by VR and supplemented by CETA staff if and when the need arises.

Opportunity 3: The Joint Staff Project

Issues Facing CETA & VR
VR needs to increase its capacity to identify and serve the most severely handicapped. CETA similarly often needs a mechanism to ensure that priorities are properly served so as not to depend on first-come, first-served enrollment. Both programs may well be rejecting a group of potential clients who from VR's perspective are not "severely enough" handicapped, and from CETA's perspective are "too hard to serve" effectively.

How Coordination Can Help
With CETA Title II or Title VI funds additional VR manpower could be provided to expand VR capacity to assess its backlog of potential clients, and to process new VR clients. CETA would also be in the position to review its backlog of CETA applicants and determine which individuals could be best served by the CETA system and when they should enter the system.

By combining CETA resources with those of the VR agency, both programs could develop a system to set priorities for selection of clients and to refer those that would be better served by the other program.

How It Might Work
An agreement between a VR District Office and a CETA Prime Sponsor would provide for a jointly sponsored center for intake and preliminary assessment of VR and CETA clients. CETA would fund several VR/CETA staff positions for the center. VR and CETA staff would work together to develop a strategy for assigning a "priority service" to each program applicant, which of course might vary according to shifts in program objectives and changes in target group and significant segment priorities.

VR and CETA staff would interview clients, certify them for eligibility, and do a preliminary assessment. Individuals not immediately enrolled would be deferred (and placed in a priority for service category).

How VR Can Benefit
—Controlled intake (from organized backlog) can render more controllable the problem of increasing service to the severely handicapped.

—Common CETA/VR clients can be identified and scheduled for joint service, conserving VR resources.

How CETA Can Benefit
—A client who is not VR eligible is referred to CETA without being lost in the "referral shuffle" from one office to another; common clients may receive VR services needed to participate effectively in CETA.

—Controlled intake makes possible enrollment according to "significant segment" or "most in need" criteria.

Risks to Vocational Rehabilitation
—That CETA will lose interest in funding the arrangement after VR has expanded its staff.

—That CETA does not have trained staff to identify needs of the handicapped client.

Risks to CETA
—That VR does not have sufficient knowledge about the CETA program to describe CETA opportunities to potential CETA clients who are not VR eligible.

—That staff conflicts will occur due to differences in personnel and administrative policies.

How to Reduce the Risks
—Agree to hold joint orientation and training sessions for center staff.

—Agree that only CETA program representatives will certify CETA eligibility; only VR representatives will certify VR eligibility.

—Negotiate the duration of CETA funded positions and the renewal options; or responsibility of VR to budget for positions in the future.

—Agree that all clients will be required to complete the intake and activity forms for both programs if they are referred from one program to another.

—Negotiate personnel and administrative policies and procedures applicable to both VR and CETA representatives (e.g., vacations, reporting requirements).

Opportunity 4: The Day Care Project

Issues Facing CETA & VR

Both VR and CETA clients may need child care services during training or post-employment periods. Child care services may be purchased by VR and CETA for their clients, but are scarce and in high demand nationwide. VR has capacity to set up VR clients in small businesses; CETA has capacity to train staff, as well as to subsidize their employment during a transitional period.

How Coordination Can Help

A goal for handicapped clients of VR (including the severely handicapped) could be to own and operate a day care center established by VR through its small business service program. Once the center has been equipped, severely handicapped individuals who have been trained and rehabilitated could assume responsibility for its operation and administration.

To the extent that CETA could train VR and CETA clients as day care staff, subsidize positions during the transition, and purchase day care services from the center, the needs of both agencies would be satisfied.

How It Might Work

The VR District Office and CETA Prime Sponsor specify in an agreement that both agencies would purchase all needed day care services from a facility established by VR as a small business opportunity for handicapped VR clients. The agreement would further state that VR, CETA and common clients would be the sole sources of staff for the facility. CETA would arrange for and fund training and public service employment positions for the staff if it is a not-for-profit corporation.

An agreement of this nature provides security to the VR/CETA clients opening the business as they would be assured, at least temporarily, of a market. Plans could then be made to expand the market.

How VR Can Benefit

—For no additional expenditure of VR funds, VR has a temporarily guaranteed business for its clients.

—Handicapped VR clients can receive training under CETA or VR, depending upon the kind of position desired and available (and whether it is a suitable match).

—VR is able to commit scarce resources to pre-training rehabilitation and small business activities for the handicapped. Where additional training is necessary, CETA funding supports the activity.

How CETA Can Benefit

—CETA can purchase high quality child care at reasonable costs.

—CETA can place CETA clients and common clients in pre-arranged jobs at the day care center.

—Handicapped VR clients for whom CETA provides training count as placement credits and could count among the "significant segments" CETA has planned to serve.

Risks to Vocational [illegible]

—That establishment of the facility will require relatively high risk capital investment.

—That CETA will not be able to project the number of CETA clients for whom day care services will be necessary, thus leaving VR with the risk that the project will run below capacity.

—That CETA clients will be trained below job specifications.

—That CETA sponsored training programs will not meet licensing or certification requirements.

Risks to CETA

—That the day care center will not become a permanent institution as either an employer or a service provider for CETA clients.

—That a VR-client owned and operated center will require unreasonable and non-competitive expenses for day care services.

—That the center will not be easily accessible to CETA clients; CETA will need to support the costs of transporting children to the center.

How to Reduce the Risks

—Agree to undertake the project as a joint planning venture from its inception, including building renovations, equipment, supplies and the development of job specifications.

—Negotiate "standards" (beyond state licensing and Federal certification standards) which address the special needs of CETA clients (e.g., business hours, transportation).

—Agree that CETA will guarantee a specified number of children or provide payment for that number of slots.

—Agree that VR will provide all supportive services during the CETA sponsored training for any severely handicapped individuals.

Opportunity 5: The Three-Party Cooperative Agreement

Issues Facing CETA & VR

CETA and VR have "common clients" also eligible for programs operated by third parties (e.g., Veteran's Administration, Department of Corrections). The "third-party" agency often specializes in services, or concentrates its resources in services available through VR and CETA, combined.

How Coordination Can Help

The CETA program has a broad authority to provide beneficiaries of other Federal programs with necessary educational and/or occupational skills to become self-sufficient in an unsubsidized job.

To the extent that there are common clients among VR, CETA and other agencies, a plan for services could be developed to give the client the maximum benefits from all agencies.

How It Might Work

A three-party agreement among VR, CETA and any third agency (Veteran's Administration, Department of Corrections) would stipulate that in cases of common clients each agency would provide certain components in a series of integrated services that would render the individual rehabilitated and employable.

For example, in a three way arrangement with CETA, VR and a State Department of Corrections, VR might provide diagnostic and medical services, Corrections might provide in prison/out prison training, and CETA might provide job development and placement services.

Similarly, an agreement among VR, CETA and VA to provide for on-site training at Veteran's Hospitals through CETA arranged programs could be developed. VA and VR might provide one-half of the tuition each while CETA might provide the required books, tools, equipment, etc. VR could also provide the assessment, counseling and diagnostic testing and VA might provide the physical or mental restoration services.

In both examples, the client would be tracked by the respective agencies while each was in the lead, with reports flowing to the other two agencies. Follow-up could be provided by any of the three agencies with the results of placement and follow-up recorded by all three.

How VR Can Benefit

—The VR client receives a more comprehensive program of services than VR can provide, or than VR can provide at reasonable cost.

—Once VR completes the initial service component, VR staff no longer need to "track" the client and can focus greater attention on other clients.

—For a client to meet the eligibility requirements of the other agencies, the client may fall within the category of less severely handicapped. To the extent this is true, VR is able to direct its own resources toward the more severely handicapped.

—VR shares in the ultimate credit for placement of an individual in Status 26 with less cost to VR in making that placement.

How CETA Can Benefit

—CETA enrolls veterans (VA arrangement), serving a major CETA service priority. CETA also enrolls handicapped clients who may represent a "significant segment" of the Prime Sponsor population.

—CETA has a placement advantage; there are employer incentives for hiring veterans and handicapped in both the public and private sector.

—CETA's per client expenditures are reduced as a result of pretraining services provided by VR and VA.

Risks to Vocational Rehabilitation

—That once the handicapped client reaches the CETA training or placement component, CETA resources will not be available.

—That an increase in paperwork tied to the reporting requirements of CETA coupled with those of VA will increase staff time devoted to these activities and reduce active casework.

—That VR will lose administrative decision-making capabilities and the flexibility to make changes in the client's plan of service.

Risks to CETA

—That rehabilitation clients who reach the CETA service component will be "unemployable" and require additional services prior to training or placement.

How to Reduce the Risks

—Agree that the decision to provide services through a cooperative arrangement will be made only on a case-by-case basis.

—Agree that initial interviewing and intake will involve representatives from each agency.

—Negotiate "standards of transfer" from one service component to another to ensure that the client is prepared for the following component.

—Agree that a liaison be assigned from each program who will have reporting responsibility for each agency.

—Agree on who will have what administrative and program responsibilities as a client changes components.

Opportunity 6: Technology-Building Demonstration Project

Issues Facing CETA & VR

CETA, to accomplish its objective of delivering services to the "chronically" unemployed, must invest in the development of technology for delivering effective manpower services to that target group. It has been argued that CETA Prime Sponsors should set aside a portion of their grants (e.g., 15%) for funding *research and development* activities geared to the hard-to-serve. As an alternative, this project could be funded jointly by the Governor's Special Manpower Projects grant and other Prime Sponsors in the state, to minimize the diversion of regular manpower services funds, and to syndicate both the costs and benefits of the learning process among all the state's Prime Sponsors. The goal for this expenditure should be "learning—technology development", rather than permanent employment for clients, even though many severely disadvantaged individuals would be helped in the process.

How Coordination Can Help

In response to CETA's growing mandate to serve the "most in need" and the accompanying "gap" in technology, CETA and VR could develop a pilot project aimed at building *employability development technology* for the marginally employable client.

Although the agencies may be willing to share some costs, it seems appropriate for CETA to bear the majority of the costs for such an experiment. VR would contribute existing expertise to a demonstration model for employability development planning, including any existing or proposed methodologies and techniques for assessment, counseling and physical/mental restoration services. This technology could then be transferred to CETA staff who would begin to work with the marginally handicapped.

How It Might Work

An agreement between the State VR agency and a CETA Prime Sponsor would specify that VR would perform certain activities in a pilot project, possibly in conjunction with a VR-related university or rehabilitation facility, to develop new assessment techniques and other physical/mental rehabilitation technologies designed to help the marginally employable/marginally handicapped select and prepare for specific occupations. The agreement would include provisions for on-the-job training of CETA staff during the term of the project and any related training at the project's conclusion. During the course of the project, CETA staff might monitor the clients' progress, as compared with a control group of VR/CETA clients with approximately the same disabling conditions. At the conclusion of the project those clients who were placed in unsubsidized employment would be credited to VR and CETA as if they were enrolled in a joint services program. This, of course, would satisfy client employment as a secondary objective of the pilot program—the primary objective being to learn how to succeed with the particular target group served.

How VR Can Benefit

—Support of staff costs for the duration of the project leading to enrichment of staff capacity through technology developed during the project period.

—Redistribution of scarce VR resources to those activities directly related to the rehabilitation of the severely handicapped.

—Strengthening of capability and capacity among CETA staff—to whom future VR clients (not severely handicapped) may be referred.

—Sharing of responsibility for placement of handicapped individuals with the CETA program whose major activities are directed towards employment goals.

How CETA Can Benefit

—Building capability to provide a new dimension of services for a segment of the population that CETA can identify as a target group and a significant segment.

Risks to Vocational Rehabilitation

—That the attractiveness of the CETA program in terms of its resources for skills/educational training will draw a greater number of traditional VR clients away from VR.

—That the pilot project will not adequately train CETA staff to deal with complex problems associated with the rehabilitation of marginally handicapped individuals.

—That CETA will recruit VR staff to become part of the new unit providing services to handicapped clients.

Risks to CETA

—That the feasibility of serving handicapped clients when measured against the cost attributed to serving the traditional CETA client will be negative, as shown by the project results.

—That the increasing number of handicapped individuals served by CETA will inflate the staff costs and reduce the average client caseload.

—That the clients trained in the pilot project will not succeed in the competitive labor market.

How to Reduce the Risks

—Agree to develop separate project budgets and enrollment specifications and waive existing internal policies (to be replaced with new ones) for the duration of the experiment.

—Negotiate the "level of handicap" which allows a client to be accepted into a CETA program without being so severely handicapped that CETA staff cannot adequately work with the client.

—Agree on performance measures for successfully rehabilitating a client; determine the skills and educational attainment levels that are required by CETA to ensure placement in the competitive labor market.

—Agree that an evaluation of the project activities will be undertaken by an independent agency; the results will determine the feasibility of continuing similar pilot projects.

—Agree that VR will provide post-employment and follow-up activities for those clients engaged in the pilot project.

Opportunity 7: The Joint Project with Industry

Issues Facing CETA and VR

CETA has experienced some decline in the use of OJT nationwide. VR has experienced employer acceptance of the Projects with Industry (PWI) program. Although the program designs differ in several significant ways, the CETA OJT program—thematically similar to PWI—is a very flexible and heavily used CETA resource. The national PWI program, which appears to be successfully implemented, is extremely limited in funds—in relation to the size of the problem it addresses.

How Coordination Might Help

A joint effort by VR and CETA to establish an on-the-job training program for common VR/CETA clients could make the OJT concept much more attractive to prospective employers. If CETA and VR were to encourage an employer to apply for PWI-type funding, either through national PWI funds or state-sponsored service funds targeted for OJT. CETA could augment this amount with CETA/OJT funds. An employer would receive national PWI or state funds to train VR/clients and CETA/OJT funds to train VR/CETA clients.

For major corporations interested in applying for PWI-type funds, VR would indicate that CETA funds were also available to "purchase" OJT slots. In this type of arrangement with larger corporations, VR could negotiate a percentage of VR clients to be permanently employed by the company and CETA could do the same for VR/CETA clients.

An employer would have an added incentive to apply for PWI-type funds and contract with CETA as he would receive substantially more training dollars through a coordination arrangement. In addition, most employers subject to affirmative action policies to employ the handicapped, disadvantaged, minorities, veterans, etc. would welcome employment.

How It Might Work

An agreement between a CETA Prime Sponsor and the VR agency responsible for national PWI grants or state service funds for OJT would specify that whenever a prospective employer is approached regarding PWI funds, VR would indicate that PWI or state VR funds could be utilized in conjunction with CETA sponsored OJT. If an employer was interested in PWI funding he could also have to negotiate with CETA for OJT positions. If the reverse situation occurred, where a prospective employer is approached by CETA to contract for OJT positions, CETA would indicate the availability of PWI funds.

How VR Can Benefit

—By expanding PWI project grant funds or state-service funds targeted for OJT, VR obtains client services for additional VR clients enrolled in CETA.

How CETA Can Benefit

—Access to major industries routinely applying for PWI funding; additional training opportunity for VR/CETA clients.

Risks to VR

—That PWI funds will be offered to smaller businesses that see an opportunity to receive add-on CETA funds; major companies that plan projects for larger groups of VR clients will not receive funds.

—That participating industries will hire CETA funded clients and not retain handicapped clients trained only by PWI or state VR funds.

—That contract negotiations between employers and VR/CETA will be cumbersome and result in additional paperwork and delays in client services.

Risks to CETA

—That the training provided by participating industries will "underserve" the client needs; clients will require additional training before placement.

How to Reduce the Risks

—Agree on the percentage of national PWI or state VR funds that will be awarded to major industries currently involved in PWI-type projects and the percentages to smaller companies utilizing program funds for the first time.

—Agree that PWI contracts will establish a number goal for hiring handicapped individuals who are national PWI or state VR funded and CETA funded.

—Negotiate "acceptable standards for training" that will satisfy program requirements of both VR and CETA.

—Agree to designate a contract liaison from both VR and CETA staffs who will direct the administrative and contract monitoring activities.

Opportunity 8: VR/CETA Clients Trained as Social Service Staff

Issues Facing CETA & VR

The goal of rehabilitating VR clients for permanent employment is tied to the availability of employment opportunities for handicapped individuals in the public and private sector. Recent VR legislation has strengthened VR's position by mandating non-discrimination among Federal Program Agents and their state and sub-state counterparts in employing and providing services to handicapped individuals. An example of one such Federal program subject to the VR mandate is Social Services, funded under Title XX of the Social Security Act. Social Services is a rapidly growing public service field with potential for hiring VR clients.

VR clients have received training from CETA *only* in cases where the clients' disability does not preclude participation in CETA activities. For other VR clients whose disability requires extensive employability development (by CETA standards) participation in CETA is impractical as the cost-per-client would be too high to justify enrollment.

The cost-per-client factor could be reduced by supplementing CETA funds with other program resources. CETA could then enroll VR clients without regard for disability or duration of service. These supplemental funds are available through Title XX (Social Services), which provides Federal dollars above the Title XX ceiling for purposes of training professionals and para-professionals as direct service delivery staff.

How Coordination Could Help

With access to training funds above and beyond the authorized program ceiling, the state agency is likely to be amenable to reimbursing training costs of quality programs designed to prepare individuals for Title XX vendor staff positions.

A Title XX funded training program (through CETA) would allow VR clients, whose potential for employability development training is too costly for an activity sponsored only by CETA, to enroll as common CETA/VR clients and receive extensive training with a goal of employment with a Title XX vendor.

How It Might Work

An agreement between a CETA Prime Sponsor (acting on behalf of itself and the State Vocational Rehabilitation Agency) and a Title XX vendor would specify that the employability development goal for a specified number of common VR/CETA clients would be permanent positions with the Title XX vendor. The agreement could stipulate CETA-funded classroom training or on-the-job training with the Title XX vendor or a combination of both, with job and training specifications supplied by the Title XX vendor.

The VR role in the agreement could be to provide medical supportive services during the training and post-employment services once the individuals were permanently hired by the Title XX vendor.

How VR Can Benefit

—For program expenditures on medically-related supportive services only, VR obtains training services from CETA and jobs from Title XX vendors for VR clients.

—VR is relieved of job development and placement responsibility for VR clients while retaining placement credit.

How CETA Can Benefit

—CETA receives training resources above and beyond those funded by the Department of Labor, enabling the program to build additional training capacity.

—CETA expands its reputation as a major supplier of staff trained to the specifications of a particular agency.

—CETA serves additional VR clients who would not otherwise be enrolled in the CETA program and who may be among the "most in need".

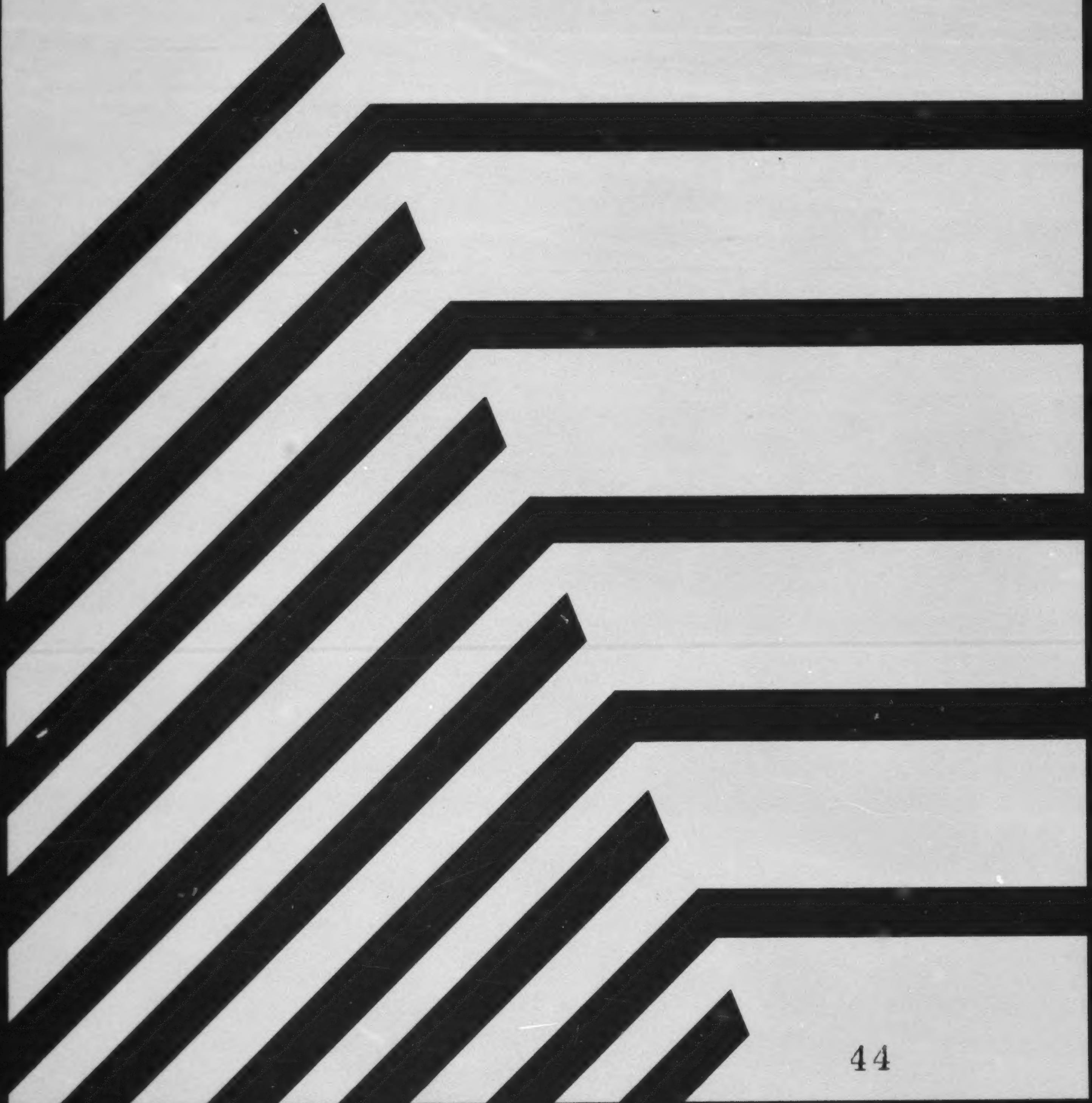
Risks to VR and CETA

—That one of the parties will not be able to honor its commitment. (This is associated with any multi-agency agreement.)

How to Reduce the Risks

—Negotiate and sign a detailed multi-agency agreement, with appropriate sanctions for non-performance.

Chapter Five
Vocational Education Program Summary



The following summary of vocational education legislation, regulations, and administrative provisions is intended to be of value to CETA Prime Sponsors who wish to take the first step in the search for mutually attractive coordination opportunities. This section is intended to be only a summary; for a more detailed examination of the vocational education program, Prime Sponsor staff should review Federal and state legislation and regulations in more detail and are encouraged to establish direct relationships with state and local vocational education administrators.

Background

Federal assistance for vocational education dates from 1917, when the passage of the Smith-Hughes Act provided funding for vocational training in a limited number of occupational areas: concentrated agriculture, home economics, trade and industry. The number of occupational areas was expanded and funding levels increased thirty years later with the passage of the George-Barden Act.

A turning point for vocational education came with enactment of the Vocational Education Act of 1963. Provisions in the Act made vocational education available to all persons in the community, removed the restrictions on the categories of training that could be provided, placed emphasis on helping people obtain employment rather than merely filling existing vacancies in the labor market and gave particular attention to those individuals with special problems preventing them from succeeding in regular vocational programs.

The Vocational Education Amendments of 1968 strengthened support for this latter group of individuals by earmarking funds to guarantee that they would receive increased opportunities for vocational training. This was accomplished by requiring that fifteen percent of the basic grant to states (Part B) be used to serve the disadvantaged, ten percent to serve the handicapped and fifteen percent to serve post-secondary students.

The 1968 amendments also:

—Stressed the need to provide training that was directly linked to actual or anticipated employment opportunities;

—Increased the flexibility and latitude given to states in using Federal funds;

—Organized vocational and technical education into a unified planning, operating and reporting subsystem within the local education system;

—Provided pre-service and in-service education for vocational educators to update or retrain professionals as needed;

—Developed a systematic method for identifying, designing, testing and installing more efficient and effective programs of occupational information and orientation, occupational exploration, skill development, updating, upgrading and retraining;

—Established a national policy requiring the development of a planning and management system for vocational and technical education that would react more quickly to economic and social change.

The Education Amendments of 1968 added a special section (102[b]) to the Voc Ed Act providing for total Federal funding of vocational programs for the disadvantaged in areas of high youth unemployment and school dropouts.

Although funding for the present vocational education program, except Parts B and C, was due to expire in July, 1974, a one-year funding authorization continued the program through 1975. At the time of this writing, new legislation is pending in Congress. Discussion of major issues in the proposed legislation is included at the end of this section.

Program Purpose

The primary purpose of Federally-funded vocational education is to enable states to better assist persons at the secondary, post-secondary, and adult level in the selection, preparation, and maintenance of knowledge and skills in occupations which do not require a baccalaureate degree for entrance. It is the intent of the Federal legislation that persons of all ages in all communities in the state have ready access to vocational training or retraining which is:

—of high quality

—realistic in the light of actual or anticipated opportunities for gainful employment

—suited to their needs, interests, and ability to benefit from training.

Present vocational education emphasis is on occupational preparation in all occupations for which there is an identified need in a given state or local area.

Vocational education has remained a formula grant, categorical program. Specific national priorities are expressed through a number of individual parts of the law (Parts C-J) while the major part of the law (Part B) remains general in scope. Together, all Parts are directed toward achieving the broad mandate of the Vocational Education Amendments of 1968. The purposes of each of the ten Parts of the Act are as follows:

Part A—General Provisions

Describes the purpose of the Act, authorizes funding, describes allotments among states, provides programs for students with special needs, establishes National and State Advisory Councils.

Part B—State Vocational Education Programs

The major component of the Act; provides basic grants to states, authorizes funding for secondary, post-secondary and adult vocational education programs, construction of area facilities, vocational guidance and counseling, ancillary services and activities such as teacher training and supervision, program evaluation, special demonstration and experimental programs, development of instructional materials and improved state administration and leadership. Part B also includes funding for the disadvantaged and handicapped.

Part C—Research and Training in Vocational Education
Authorizes funding for research and training programs, development of pilot and demonstration projects, operation of state Research Coordinating Units, and design of new curriculum and projects in the development of new careers and occupations relating to improving vocational education opportunities.

Part D—Exemplary Programs and Projects
Authorizes funding to stimulate new ways of creating a bridge between school and earning a living for youth and to promote cooperation between public education and manpower programs.

Part E—Residential Vocational Education
Authorizes funding for the construction, equipping and operation of residential schools to provide vocational education to youth (15-21 years) who need full time study on a residential basis in order to benefit fully from such education. At this writing, no appropriation for Part E has been made.

Part F—Consumer and Homemaking Education
Authorizes funding for training and education programs and ancillary services designed to prepare youths and adults for the role of homemaker and/or to contribute to their employability in the dual role of homemaker and wage earner.

Part G—Cooperative Vocational Education Programs
Authorizes funding for educational programs which combine vocational instruction in the school with related on-the-job training through part-time employment to meet dual objectives of income generation/maintenance and development of occupational skills. Funds may be used to reimburse employers for added costs under certain conditions.

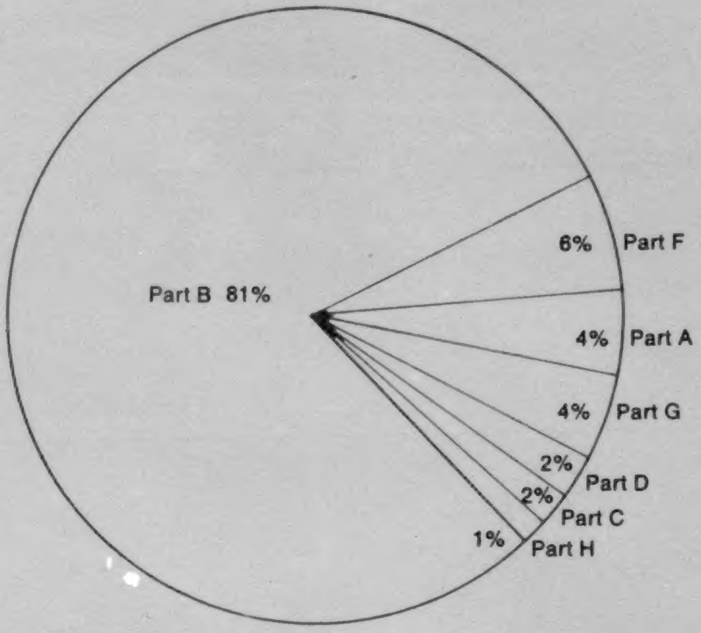
Part H—Work-Study Programs
Authorizes funding for work-study programs for full time vocational education students (15-21 years) who are employed part-time with public employers and who are in need of the earnings from such employment to continue participation in the vocational education program.

Part I—Curriculum Development
Authorizes funding to assist state and local educational agencies in the development of curricula for new and changing occupants, and to coordinate improvements in, and dissemination of, existing curriculum materials.

Part J—Bilingual Vocational Training (added by the Education Amendments of 1974)
Authorizes funding to educational agencies serving a group whose language is other than English to supply bilingual training in recognized occupations and in new and emerging occupations.

The parts of the Vocational Education Act which have the highest potential interest to CETA Prime Sponsors are Parts B, C, D, G and J.

The following chart illustrates relative Federal funding levels for grants under each part of the law in FY 1974.



	(in millions of dollars)
Part A Section 102b Special Needs	$ 20.0
Part B — State Programs	412.5
Part C — Research	9.0
Part D — Exemplary Programs	8.0
Part E — Residential Vocational Education	No Funds
Part F — Consumer & Homemaking	31.0
Part G — Cooperative Education	19.5
Part H — Work-Study Program	7.8
Total	$ 507.8

The varying state match requirements for each Part are shown below.

> ***CETA and vocational education share a common purpose of preparing individuals for self-sufficient employment in occupations consistent with their interests and abilities. While CETA is most concerned with the eventual placement on the job of its participants, vocational education has as its primary objective the development and provision of training in preparation for employment.***

Allocation of Funds
Federal law and regulations specify that any state desiring to receive Federal funds under the Vocational Education Act must designate or create by state law a State Board for Vocational Education which is the sole state agency responsible for the administration of vocational education or for the supervision of the administration thereof by local education agencies in the state. In addition to the State Board for Vocational Education, which in a number of states is the same as the State Board of Education, there is an administrative Department or Division of Vocational Education which is responsible for the day-to-day operation of the program.

Part B funds are allocated to individual states on a matching grant formula basis to be matched at least on a 50-50 basis. Additional state contributions are not matched by the Federal government.

The allocation formula is based on the number of persons in each state in various age groups needing vocational education and on relative state per capita income. In the formula, emphasis is placed on the 15–19 year old age group.

Most Federal funds are further allocated by the State Board to local education agencies. In addition, vocational schools and community colleges (which can be local education agencies) may also receive state and Federal funding. Although there are no set standards for substate allocation of funds, Federal law requires that states, in distributing funds to local education agencies, give due consideration of the following four basic criteria:

—current and projected manpower needs and job opportunities

—relative vocational education needs of all population groups

—relative ability of local education agencies to provide the necessary resources

—excess cost of the programs, services and activities.

The following Exhibit provides a comparison of the allocation criteria for Federal vocational education funds under the various parts of the law.

Part	**Program Agency Eligibility**	**Formula Grant Basis**	**Required Federal/State Matching**
A. General Provisions (102.b)	State Board LEA* (supervised by State Board)		No required state match
B. State Program	State Board LEA (supervised by State Board)	Per capita income Number of persons needing Voc Ed	50/50
C. Research and Training	State Board Institutions of higher education Public or nonprofit private agencies, organizations or institutions LEA (approved by State Board)	Same as Part B	75/25 for State Research Coordination Unit

*LEA: Local Education Agency

Part	Program Agency Eligibility	Formula Grant Basis	Required Federal/State Matching
D. Exemplary Programs	State Board Public or nonprofit private agencies Other public and private organizations and institutions Local education agencies	Set amount from annual allocation to each state	No required state match
E. Residential Vocational Education	State Board Public education agencies, organizations and institutions Colleges and universities (approved by State Board)	Population	No required state match
F. Consumer and Homemaker	Same as Part B	Same as Part B	90/10 except construction grants where no state match is required
G. Cooperative Program	Same as Part B	Same as Part D	50/50
H. Work Study	Same as Part B	Ratio of the State's population age 15–20 in proportion to the national ratio	80/20
I. Curriculum Development	State Board Colleges or universities Public or nonprofit private agencies Other public or private agencies, organizations, institutions	No criteria	90/10 in depressed areas
J. Bilingual Vocational Education	Appropriate state agencies Post-secondary educational institutes Private nonprofit vocational training institutes Other nonprofit organizations Local educational agencies	No criteria	No required state match

Although the law calls for at least a state and local match with the Federal dollar of one-to-one, the trend has been for state and local support to far exceed this requirement. In FY 1974, state and local communities overmatched Federal dollars by more than six to one and accounted for 86.4% of the three and one-half billion dollars expended for vocational education during the year. Control over program funds has been shifting to state and local levels as their share of the funding has increased. However, Federal funds are still controlled by the Act and Regulations.

> ***Unlike the CETA allocations, which go directly to prime sponsors based on local unemployment and population statistics, vocational education allocations are made on a statewide basis and the state then allocates to local education agencies. Substate allocations are not made on the same formula as the state allocation. Allocations are based, as required by law, on applications for funding. While the CETA formula favors jurisdictions containing the highest number of unemployed and disadvantaged individuals, the vocational education formula tends to favor states with high proportion of individuals needing education services with the least local resources to finance them. CETA has no matching and tends not to contribute state dollars.***

Who is Eligible to Participate in Vocational Education

Eligibility for participation in vocational education-funded programs is quite broad. As stipulated in the legislation, states are to use Federal grant monies for assistance:

". . in conducting vocational education programs for persons of all ages in all communities of the states to insure that education and training programs for career vocations are available to all individuals who desire and need such education and training."

Specific groups receiving special attention under the Vocational Education Act include those:

—in high school

—who have completed or left secondary school and who are available for study in preparation for entering the labor market

—who have already entered the labor market and who need training or retraining to achieve stability or advancement in employment

—with special needs and physical handicaps

—in post-secondary schools.

Enrollments in vocational training programs over the past several years have been growing at an annual rate of about nine percent, from 5.4 million in 1965 to a projected 14.5 million in 1975. Vocational and technical education enrollments at the secondary level account for the largest number of total enrollments. Based on 1974 figures, enrollments at the secondary level accounted for 62.2% of the total, followed by adult enrollments at 26.2% and post-secondary at 11.6%.

> ***In actuality, any eligible CETA client is eligible for vocational education services as well. It is likely, however, that the most natural overlap in target groups occurs with CETA eligible disadvantaged, handicapped and school dropouts, all of whom are eligible under the Voc Ed special set asides in Part B.***

Services and Activities Under Vocational Education

Vocational education legislation authorizes comprehensive and diverse vocationally-related activities in keeping with the program's major function: to provide people with relevant occupational skills which qualify them for jobs. Major activities include:

1. Counseling and Guidance
2. Institutional Training
    - Educational Training
        - English Language
        - Developmental Education
        - Remedial and Related Instruction
    - Skills Training
        - Single Occupation
        - Multiple Occupations and Clusters
3. Job Preparation

Other activities which are provided for in the Act and undertaken by local vocational education agencies and institutions with varying degrees of emphasis, depending on the local situation, include:

1. Intake, Assessment, Referral
2. Testing
3. On-the Job Training, Work Experience
4. Job Placement
5. Supportive Services
    - —Transportation
    - —Stipends (Part J only)
6. Ancillary Services
7. Student and Employer Follow-up

> ***Despite broad similarity between CETA and vocational education-authorized services and activities, there is likely to be wide variance in emphasis and purpose of services in each of the programs. The provision of educational skills training is the predominant service in vocational education. Counseling and guidance relating to career selection and orientation is widely emphasized and may be closely related to the occupational counseling frequently provided by CETA. Intake, assessment, and testing are most frequently provided on a request basis to students seeking vocational education services and in special vocational programs. Such services are frequently available to other agencies or individuals on a "for fee" basis.***
>
> ***On-the-job training and work experience, major focuses under CETA, are used by vocational education to varying degrees, always in concert with specific institutional training programs.***

Supportive services (transportation and stipends), broadly authorized under CETA, represent a minimal emphasis in vocational education legislation.

Job placement services may vary a great deal from state-to-state and from program-to-program. Formal placement offices and programs exist in many institutions; however, some of the most effective job placement activity has traditionally been carried out by training instructors on behalf of individual students on an informal basis.

Delivery of Services

Federally-assisted vocational education takes place for the most part in public educational institutions, although the law also provides for cooperative arrangements with other public and private organizations involved with vocational training.

Vocational education services are delivered in a wide range of secondary and post-secondary institutions including:

—public high schools and technical institutes

—area vocational/technical institutions

—community colleges and four-year colleges

—private proprietary trade, business and technical schools (only under contract with the State Board or the local education agency)

—employer-employee schools (only under contract with the State Board or the local education agency)

—trade association schools (only under contract with the State Board or the local education agency)

Institutional structure and governance vary by state.

In seeking to establish coordination arrangements with vocational education, Prime Sponsors must determine whether the nature of the proposal is best pursued at the state level with the State Board or whether the local deliverer of educational services is the appropriate point for such initiatives. Within any Prime Sponsor's area there are likely to be multiple deliverers of vocational education programs.

Key Performance Measures

The criteria on which the performance of individual vocational education programs is measured depend in large part on the priorities set by individual states. Commonly reported data include:

—number enrolled, by instructional program

—number of disadvantaged and handicapped being served

—number completing class

—number employed full time in occupations for which they were trained or in a closely related field

—expenditures per program

—utilization of facilities

Although the concept of accountability is generally accepted by vocational educators, there is no agreement on what criteria should be used to evaluate the effectiveness of vocational education programs. The issues of accountability and program performance are likely to become more pronounced as educational resources become more scarce and competition for funds increases.

Despite the fact that performance criteria are considerably less clear-cut than those in CETA, several success measures are likely to be of high concern to vocational education administrators. Success in placing program graduates in the occupations for which they were trained is carefully tracked. In addition, enrollment levels and completion success will probably continue to be of high importance to individual institutions. Finally, like CETA, vocational education watches closely the success in reaching the disadvantaged portion of the population singled out for special emphasis in the 15% set aside in Part B grants.

State Plan Requirement

Federal law requires a state desiring to receive funds under the Act to submit a State Plan for Administration of Vocational Education to the Commissioner of Education. The Plan is composed of three parts:

Part 1—Administrative Provisions

Relates the administration of the program to state law and describes the organizational policies and operations of the State Board for Vocational Education affecting the programs under the plan. These administrative provisions need be filed only once and amended when changes are made.

Part 2—Long-Range (5-Year) Program Plan

Describes the present and projected vocational education needs of the state and sets forth a program of vocational education objectives. This plan is to be revised each year.

Part 3—Annual Program Plan

Contains an explanation and justification of the activities that will carry out the objectives of the first year of the long-range plan. The annual program plan should contain:

—a description of programs and services to be carried out during the year

—allocation of Federal and state funds to programs and services.

Federal regulations require, as part of the state plan, submission of cooperative agreements with:

The State Employment Service. Providing for employment service offices to make available to the State Board for Vocational Education and local education agencies occupational information regarding reasonable present and future prospects of employment in the community and elsewhere and providing for the State Board for Vocational Education and local education agencies to make available to the local public employment service offices information regarding the occupational qualifications of persons completing or having completed vocational education courses in schools.

State Agencies Responsible for Education of Handicapped Persons. Providing for the joint development of a comprehensive plan for the vocational education of handicapped persons in the state, which provides the basis for the provisions in the state plan relating to vocational education of handicapped persons.

Federal regulations also allow for cooperative agreements as necessary with other agencies, organizations and institutions, and with other states in the carrying-out of state vocational education plans. Federal regulations further provide for development of cooperative arrangements with *the State Manpower Services Council*, providing for the SMSC to have an opportunity to comment on the provisions of the annual vocational education program plan which relate to manpower services at the time of or prior to the mandated public hearing.

Local Plan Requirements

Applications from local education agencies are submitted annually to the State Board. Although it is up to each state to determine the priority of local applications and subsequent distribution of funds, they must consider the four basic criteria for substate allocations mentioned earlier.

Applications from local education agencies are to include:

1. A description of the proposed programs, services and activities;

2. A justification of the amount of Federal and state funds requested and information on the amounts and sources of other funds available and assurances that requested funds will not duplicate the purposes of such other funds;

3. Information indicating that the application has been developed in consultation with the education and training resources available in the area to be served by the applicant;

4. Information indicating that the programs, services and activities proposed in the application will make substantial progress toward preparing the persons to be served for a career.

5. A plan, extending five years from the date of application, for meeting the vocational education needs of potential students in the area of community to be served, which plan shall be related to the appropriate area manpower plan, if any.

> ***Prime Sponsors seeking to establish coordination relationships with vocational education can greatly benefit by participating to the extent possible in both the state planning process and local institutional plan development; however, coordination opportunities are by no means limited to those which can be included in the annual plan. In fact, a coordination arrangement can often help achieve goals or change priorities which were not included or which deviate from plan.***

Advisory Groups

State Advisory Councils

Federal law and regulations specify that any state which desires to receive funds under the Vocational Education Act must establish a state advisory council. This council is to be appointed by the Governor or by the State Board in the cases of states which elect members of the State Board for Vocational Education. The State Advisory Council must be separate from and independent of the State Board for Vocational Education.

The functions of these State Councils are to:

—Advise the State Board on policy matters that arise in the administration of the State Plan;

—Evaluate vocational education programs, services and activities funded by the State Plan, and publish and distribute the results of such evaluations;

—Prepare and submit, through the State Board of Education, to the Commissioner of Education and to the National Advisory Council an annual evaluation report.

Membership on the State Advisory Council is to include persons who are:

—Familiar with the vocational needs and problems of management and labor in the state (and representing the state industrial and economic development agencies);

—Representative of community colleges or other institutions of higher learning providing programs of vocational or technical education or training;

—Familiar with the administration of state and local vocational education programs, and those having special knowledge, experience or qualifications with respect to vocational education who are not involved in the administration of state or local vocational education programs;

—Familiar with programs of technical and vocational education;

—Representatives of local education agencies and school boards;

—Representatives of manpower and vocational education agencies in the state, including a person or persons from the comprehensive area manpower planning system of the state;*

—Representing school systems with large concentrations of academically, socially, economically and culturally disadvantaged students and persons of limited English speaking ability;

—Possessed of special knowledge, experience or qualifications with respect to the special educational needs of physically or mentally handicapped persons; and

—The general public, including individuals representative of and knowledgeable of the poor and disadvantaged, who are not qualified for membership under any of the preceeding categories.

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*Original legislative reference was to the CAMPS program which CETA replaced with Manpower Planning Councils and the State Manpower Services Council.

Local Advisory Groups

Local advisory groups composed of persons knowledgeable about a given occupational area have been successfully organized in many areas. Their functions are usually to review vocational education programs and curriculum content during the planning process as well as to supply information on the needs of business, labor and industry within the community. Because local advisory groups are not mandatory under Federal law, they may or may not exist in a given Prime Sponsor area. Local advisory groups may be formed as a result of any of the following: state law, school district policy, individual school action, teacher initiative, or labor pressure.

Although vocational education planning processes vary from state to state, we have prepared a simplified representation of the flow of decision in a "typical" planning process as shown in the following exhibit. A number of states have a separate planning process for post-secondary vocational eduction programs involving another parallel set of actors and agencies, including community college boards and related commissions such as the Post-Secondary 1202 Planning/Coordinating Commission. Post-secondary occupational programs are mentioned here only to remind CETA Prime Sponsors that they may find themselves dealing with a number of boards and agencies at different levels of government when they become involved with vocational education programs.

> ***Given the commonalities between CETA and vocational education and the overlap in client populations, a strong argument can be made for broad Prime Sponsor representation on the State Advisory Council and local advisory groups where they exist.***

New Directions for Vocational Education

New vocational education legislation probably will not be enacted until the Summer of 1976, placing it beyond the publication date of this guide. Still, it is important that Prime Sponsors be aware of some of the pending concerns and possible changes that may take place in the legislation. A review of the testimony and separate bills submitted reveals concerns over:

—strengthening the vocational education planning process

—restructuring the composition of the State Board for Vocational Education

—broadening representation of the State Advisory Councils

—increasing the amount of funds available at the post-secondary level

—separating administration of vocational education programs at the secondary level from those at the post-secondary level

—expanding the emphasis on guidance and counseling without duplicating separate career education programs

—concentrating funds on serving the disadvantaged in urban areas

—possibly consolidating separate categorical parts of the present law into a new title emphasizing innovative programs.

What Vocational Education Can Offer CETA

There are several benefits that vocational education can offer CETA in a cooperative relationship. These include:

—lengthy and valuable experience in skill development and training

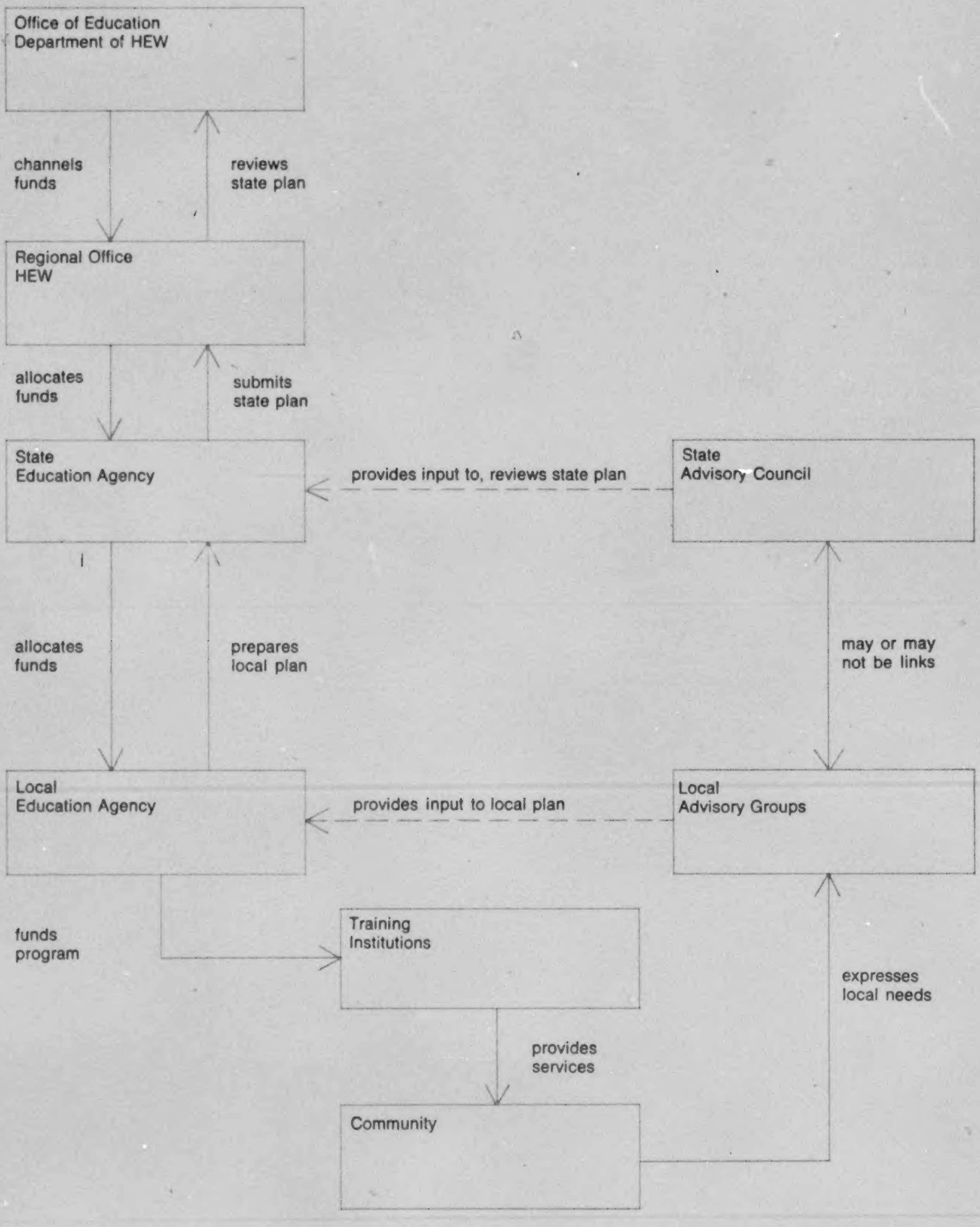
—a means to defray CETA cost of institutional training.

—an introduction to other education services that CETA participants may need

—information on existing and planned occupational training programs, assistance in selecting training areas for CETA participants

—a chance to tie into local labor advisory and apprenticeship councils.

Intergovernmental Planning Process for Vocational Education


Office of Education
Department of HEW
channels funds
reviews state plan
Regional Office
HEW
allocates funds
submits state plan
State
Education Agency
provides input to, reviews state plan
State
Advisory Council
allocates funds
prepares local plan
may or may not be links
Local
Education Agency
provides input to local plan
Local
Advisory Groups
funds program
Training
Institutions
expresses local needs
provides services
Community

Opportunity 9: Combining Resources to Serve the Disadvantaged

Issues Facing CETA and Vocational Education

Vocational Education and CETA legislation require programs to use funds to serve a portion of their client populations that is disadvantaged. The definition of disadvantaged varies somewhat between the two programs; CETA defines it in economic terms, based on a person's level of income, Voc Ed defines it in broader terms to include academic, socioeconomic and cultural factors. Using these definitions, a CETA participant who qualifies as economically disadvantaged would also be eligible for special vocational education disadvantaged services. Fifteen percent of the annual Basic Vocational Education grant (Part B) to States is to be set aside to serve the disadvantaged, and an additional 100% Federally funded grant (Part A Section 102b) is provided to serve the disadvantaged in areas of high youth unemployment and school drop-outs. No similar set-aside is provided for in the CETA grant, but CETA Prime Sponsors are still responsible for serving their disadvantaged clients.

The task of providing occupational, educational and manpower training services to the disadvantaged population tends to require additional and concentrated resources beyond what is usually needed to provide the same services to non-disadvantaged program participants. Innovative curriculum development, specialized teacher/trainee approaches extensive counseling and provision of supportive services may hold the key to higher success rates in serving these target groups. Both CETA and Voc Ed are concerned with improving service delivery in this manner and with the ultimate placement of the disadvantaged once trained.

How Coordination Can Help.

CETA has the capability to provide the types of supportive services likely to be needed by the disadvantaged (allowances, child-care, transportation, or health care), as well as experience in job development and placement. Voc Ed has the capability, expertise, and resources to develop innovative educational approaches and specialized training programs for the disadvantaged, yet local education agencies often cannot afford to divert funds away from ongoing programs to support these higher cost-per-student special programs. CETA and Voc Ed could share the responsibility for providing services to the disadvantaged, with CETA supplying supportive services to that portion of the disadvantaged population that is CETA-eligible, and the State Voc Ed agency assisting local education agencies by partially funding the delivery of educational and training services. If both Voc Ed and CETA provide that portion of the "extra effort" in which each is most capable, the needs of a greater number of individuals who meet the criteria for disadvantaged under either program can be met.

How It Might Work

As a stimulus to local education agencies, the State Board of Vocational Education could reserve the 15 percent set-aside of VEA Part B funds and allocate the monies on a project basis to those local agencies that are able to provide occupational training in response to the special needs of the disadvantaged. Such training would have to be shown to be directly related to available employment openings. The State Voc Ed Board could encourage local education agencies, through incentive funding, to convince local Prime Sponsors to provide employment-rated services other than skills training to Voc Ed disadvantaged who are also CETA eligible.

Benefits to Vocational Education

—Expands the capacity of local education agencies to serve the disadvantaged.

—Provides an incentive to local education agencies to link together training and employment.

—Creates a focal point at the state level to ensure that the disadvantaged are being served.

—Serves a segment of the population which is hard to serve and consequently, one which may not have been widely served in regular Voc Ed programs.

—Strengthens the capability to serve similar individuals elsewhere through the sharing of successful results.

Benefits to CETA

—Enables CETA to enroll more disadvantaged individuals with higher confidence that the individuals will succeed.

—Reduces the costs associated with serving the disadvantaged.

—Enables CETA to benefit from placement of common clients.

Risks to Vocational Education

—That local education agencies may not be fully informed of available employment openings or have ready access to employers.

—That Voc Ed disadvantaged ineligible for CETA may nonetheless need supportive services not usually provided by Voc Ed

—That there will be no way to identify successful from unsuccessful programs.

Risks to CETA

—That CETA will not be able to place individuals in jobs once they have completed their occupational training thus accruing negative terminations.

—That there will remain needs of the disadvantaged to be met after completion of training.

How to Reduce the Risks

—Agree that CETA will determine and provide necessary supportive services prior to enrollment

—Agree that CETA and Voc Ed will share responsibility for placement of common clients

—Agree that if Voc Ed were to exhaust its funds, CETA would add Title I funds to cover training costs for its clients currently enrolled but would have no obligations to fund the LEA after that time

—Agree that Voc Ed will provide post-placement follow-up evaluation of the training; CETA will provide follow-up services to common clients as required.

Opportunity 10: Focusing on Skills Upgrading and Retraining for CETA Title II and VI Participants

Issues Facing CETA and Voc Ed

Both Vocational Education and CETA emphasize on-going training as a means of enabling individuals either to upgrade their current skills in order to advance from previous employment or to gain employment in fields for which they have not previously been qualified. Vocational Education considers on-going training an integral part of the continuing educational process, and CETA recognizes that advanced skills training contributes to jobs for its clients that pay better and are more secure. The rapid expansion of Titles II and IV since the passage of CETA has created a large group of participants who could benefit from on-going or in-service training concurrent with their on-the-job training in the public agencies. On-going training, if properly provided, could better prepare Title II and Title VI participants to compete for unsubsidized positions in the agencies to which they are attached. Voc Ed is concerned with impressing upon employing agencies the need for more comprehensive human development of its employees.

How Coordination Can Help

CETA Title II and VI participants could receive specially tailored occupational training from existing vocational training institutions. A number of benefits could be realized through this arrangement, including better preparing public service employment participants to pass their civil service examinations, providing participants with higher than basic level skills, and building commitment on the part of sponsoring agencies to career development of their staff.

How It Might Work

A local vocational education agency and the CETA Prime Sponsor could work out an arrangement in which CETA would identify a given number of Title II and Title VI participants needing supplemental and specialized training in their present occupational area to make them more competitive for unsubsidized jobs. Vocational education could then design and develop a specialized course or sequence of courses directed toward improving those specific skills and skill levels on which individuals would be tested when applying for permanent positions. Daytime or evening classes could be utilized. If daytime training were scheduled, the Prime Sponsor would have to arrange for release time from the sponsoring public agency.

Possible Federal Funding Sources

CETA/Vocational Education
Section 112—5% monies—for tuition and other instructional costs.

CETA
Titles I, II or VI—for tuition, books, supplies, supportive services, administrative costs.

Benefits to Vocational Education

—Provides access to vocational training for persons presently employed who wish to upgrade their skills.

—Maximizes utilization of existing facilities.

—Enables vocational education to serve more people without an outlay of regular program funds.

—Gives vocational education an opportunity to develop new curriculum which, if effective, could be used in regular classroom training.

—Places minimum pressure on vocational education to expand existing classes which are already filled.

Benefits to CETA

—Provides access to vocational training for persons needing to upgrade their skills to enhance their employability.

—Provides additional training to individuals already possessing basic skills to prepare them for higher skilled and better paying jobs.

—Serves both the educational and employment needs of Title II and Title VI participants.

Risks to Vocational Education

—That there may not be enough CETA clients with needs in the same occupational areas to justify the costs of creating a special class.

Risks to CETA

—That excessive staff time may be required to monitor the arrangement.

—That vocational education might not be able to act rapidly and responsively in developing specialized curriculum.

—That when they apply for permanent employment, adequate consideration and credit may not be given to Title II and Title VI participants who have completed training.

How to Reduce the Risks

—Negotiate with public employers to ensure that credit for job-related training is given to Title II and Title VI individuals as part of consideration for full time unsubsidized employment.

—Agree that CETA will refer a specified number of clients in the same occupational area at the same time to vocational education so that the relevant training institution can develop classes in those areas.

—Agree that CETA will be responsible for referring clients to vocational education; vocational education will schedule the classes, maintain the records, and certify completion of training.

Opportunity 11: Combining Resources in a Bilingual Occupational Training Program

Issues Facing CETA and Education

Part J of the Vocational Education Act provides grant monies for special bilingual vocational training programs for persons whose normal language is other than English. Part B of the Vocational Education Act identifies persons of limited English speaking ability as a segment of the educationally disadvantaged population, therefore making them also eligible for the 15% Part B disadvantaged funds. CETA also is concerned with serving limited English speaking persons who are CETA eligible through Title I and Title III funds. In many areas such individuals have been designated as "significant segments" in a Prime Sponsor's manpower plans. How best to provide comprehensive services to these individuals without duplicating efforts is a challenge facing vocational education and CETA.

How Coordination Can Help

In those areas where bilingual occupational training classes currently do not exist and/or where the identified eligible population for CETA or vocational education is not large enough for either program to justify setting up a separate program, the twc programs could jointly contribute resources to provide bilingual skills and training in one location.

How It Might Work

Vocational education and CETA resources could be used to fund bilingual occupational training in an existing vocational training institution or in a separate center administered by vocational education. CETA could assume primary responsibility for identifying limited and non-English speaking residents in the community, referring those eligible for CETA services and in need of skills training to the vocational education agency in charge of the bilingual occupational training program. CETA could pay a share of the rental costs of classroom space and special equipment costs. CETA's share of the instructional costs could be covered through tuition payments for each student.

Possible Federal Funding Sources

Voctional Education

Part B—15% set-aside for disadvantaged.

Part J

CETA/Vocational Education

Section 112—5% funds.

CETA

Tiitle I, III funds.

Benefits to Vocational Education

—Enables vocational education to share costs with CETA, thereby making it possible to serve larger numbers of persons of limited English speaking ability with allotted program funds.

—Maintains vocational education control over the content and conduct of occupational training.

—Permits vocational education to utilize special equipment partially financed by CETA for other classes.

Benefits to CETA

—Gives primary responsibility for skills training to vocational education, enabling CETA to concentrate on job development and placement.

—Enabling CETA to serve the limited and non-English speaking counted among its "significant segments."

—Encourages CETA staff to redirect to other services monies that might have been used to pay stipends because VEA Part J funds, unlike other vocational education funds, can be used to pay stipends.

Risks to Vocational Education

—That available classes might all be filled by CETA clients.

Risks to CETA

—That skills training may not be adequate to bring clients up to a level of employability.

—That occupational training programs may not recognize the varying levels of English speaking trainees, and some clients will remain longer in training than necessary, while others will not remain long enough.

—That the costs per client placed may be excessively high because of the special attention that is given to these individuals.

—That non-English speaking persons may not be able to be placed as easily as those of limited English speaking ability.

How to Reduce the Risks

—Plan in advance the estimated number of enrollees for each class within a framework that will permit program administrators to make adjustments in staffing, scheduling, etc.

—Negotiate performance standards by which a person is considered "employable" following completion of training.

—Agree that CETA classes be conducted on an open-entry, open-exit basis.

—Gain advanced commitment of employers in the area to hire individuals who have completed skills training.

Opportunity 12: Joint Staffing of a Full Service CETA Center

Issues Facing CETA and Vocational Education

Both Vocational Education and CETA are concerned about providing their clients with a full complement of employment-related services, yet neither program can be expected to have either the staff or financial resources to provide comprehensive services to all who require and are eligible for such services, Faced with limited resources, the concern on the part of both Vocational Educators and CETA Prime Sponsors is how best to respond to those client needs which would normally be beyond the existing capacity of either program.

How Coordination Can Help

By combining resources and offering a total mix of vocational education and CETA services in one location, common Voc Ed/CETA clients can be better served at less cost to each provider through maximizing the utilization of services each agency is best qualified to offer.

—When clients receive major services at one location, potential problems of their having to arrange for transportation between sites are alleviated as are their feelings that they are being shuffled, without concern, from one agency to the next.

How It Might Work

A full service CETA Center could be established in a central location within the Prime Sponsor area. CETA could provide intake specialists, job developers and administrative support staff either directly or through subcontracts with other agencies, such as the employment service.

Vocational education could provide full time career counselors. The Center might include the following units:

—Intake

—Guidance

—Placement and Referral

—Administration

The Center should be organized so that the career counselors are fully integrated with the regular CETA staff, working in teams to provide comprehensive case management services, from intake to follow-up. Those individuals needing vocational skills training could be referred to available slots in public and private training facilities. Additional services and training determined necessary at the time of intake, including placement assistance, public service employment, on-the-job training and follow-up service, would be provided as a normal function within the Center.

Benefits to Vocational Education

—Develops increased staff understanding and knowledge about the interrelationship of labor market needs, training and placement

—Ensures that CETA clients are referred to appropriate training programs in qualified institutions

—Creates a referral mechanism for Voc Ed. Potential CETA clients who are found to be CETA ineligible can be referred to vocational education facilities if they need skills training.

—Enables Voc Ed to serve a portion of the disadvantaged without expenditure of regular Voc Ed funds.

Benefits to CETA

—Provides immediate and more centralized access to a wide range of vocational training services.

—Provides for continuity of the manpower process by concentrating major services in one location

—Avoids duplication of job development and placement services for CETA clients receiving services from other agencies

—Contributes to staff development of CETA personnel, who, in working on a team basis with other agencies' staffs, can learn new skills.

Risks to Vocational Education

—That Voc Ed resources may be too heavily concentrated on serving the economically disadvantaged. Other educationally disadvantaged might be underserved.

Risks to CETA

—That different personnel and salary policies of the programs may cause friction among the staffs

—That there may be a bias among Voc Ed counselors to use only public vocational institutions for training referrals or to use certain schools while ignoring others.

How to Reduce the Risks

—Agree to hold joint orientation and training sessions for Service Center staff

—Negotiate uniform personnel and administrative policies

—Agree that one administrative unit within the Center will have responsbility for completing all reporting requirements

—Agree that all existing and available training resources will be utilized as appropriate to individual client needs.

Opportunity 13: Developing a Unified Services Arrangement to Serve the Handicapped

Issues Facing CETA and Education

The Vocational Education Act has placed special emphasis on serving the vocational needs of the handicapped through a requirement that at least 10 percent of VEA Part B funds be used for this purpose. CETA Prime Sponsors also recognize that they need to concentrate more of their resources on the "most in need", a category within which the unemployed, underemployed, or economically disadvantaged handicapped persons certainly fit. Yet neither of these two programs is fully equipped to deal with the special needs of the handicapped. At the same time vocational rehabilitation is capable of providing a wide range of services to these individuals.

How Coordination Can Help

Vocational education and CETA have the capacity to serve persons sufficiently rehabilitated by vocational rehabilitation programs to participate successfully in vocational education skills training and CETA on-the-job training and/or subsidized employment. Vocational education and CETA could ensure provision of a more complete mix of services to the handicapped with less investment of resources by each participating agency.

How It Might Work

Vocational rehabilitation could be responsible for providing pre-vocational developmental needs (assessment, personal counseling, medical services) and provision of a vocational rehabilitation facility, a "sheltered workshop", in which vocational education could supply career counseling and skills training services. CETA could provide supportive services, including training allowances and follow-up, public service employment, on-the-job training, and work experience for common clients. VR and CETA could jointly provide job development and placement services.

Possible Federal Funding Sources

Vocational Education

Part B—10% set-aside.

Part C—for special research.

Vocational Rehabilitation

Title I-B—Basic Services Grant for all VR funded services.

CETA/Vocational Education

Section 112—5% funds—for staff instructors and counselors.

CETA

Title I—for supportive and other follow-up services.

Benefits to Vocational Education

—Meets the objective of serving handicapped persons while sharing costs to accomplish the objective.

—Requires a minimum of vocational education program expenditures.

—Limits vocational education responsibility to skills training, and does not require provision of a full range of services to the handicapped which most vocational education agencies are not fully qualified to deliver.

—Enables vocational education to share credit for job placements.

Benefits to Vocational Rehabilitation

—Enables vocational rehabilitation to concentrate its resources on restorative and counseling services while other agencies mainly provide skills training and employment services.

—Enables vocational rehabilitation to share program costs with other agencies.

—Provides skills training at vocational rehabilitation facilities under vocational rehabilitation supervision.

—Enables vocational rehabilitation to share credit for job placements.

Benefits to CETA

—Enables CETA to count the handicapped among "significant segments" it must identify and serve.

—Gives responsibility for pre-training assessment and personal counseling to vocational rehabilitation, which is the most professionally qualified program to accomplish the task.

—Enables CETA to share credit for job placements.

Risks to Vocational Education

—That handicapped trainees may not possess adequate prevocational skills to enter a particular class.

—That training costs may be excessive due to a need for specialized instruction.

Risks to Vocational Rehabilitation

—That too many agencies are involved in the process, resulting in administrative complications.

—That there may not be any jobs for the handicapped once they complete their training classes.

Risks to CETA

—That reporting requirements may become too confusing with the involvement of three agencies.

—That CETA may have difficulty placing handicapped clients upon completion of their training.

—That allowance payments will exceed the maximum established for other CETA clients.

How to Reduce the Risks

—Agree that vocational rehabilitation will provide orientation to vocational education and CETA on serving the handicapped.

—Agree to share among the agencies the results of initial client assessments which may affect the individual's ability to succeed in occupational training and his or her employability.

—Negotiate among the three agencies "standards of transfer" from one service component to the next as insurance that the person is prepared for each succeeding stage.

—Agree that CETA will provide normal allowance payments and that vocational rehabilitation will cover "extraordinary" costs for handicapped clients.

—Agree that vocational rehabilitation and CETA will share responsibility for placement, with vocational rehabilitation taking responsibility for the most severely handicapped.

—Negotiate the "level of handicap" which allows a less severely handicapped person to be accepted into a vocational education or CETA program. gram.

—Negotiate with the State Education Agency on possible use of Vocational Education Act Part C—Research and development funds to develop a special training program for the handicapped.

Opportunity 14: Utilization of Common Labor Market Advisory Committees

Issues Facing CETA and Education

Creating closer cooperation between employers, unions, schools and manpower programs is a concern of vocational educators and CETA Prime Sponsors. Mechanisms to establish this cooperation exist in both programs, but seldom are they used in conjunction with or in support of one another. In many jurisdictions local education agencies have created local advisory counsils for different areas of technical and vocational education. Council members include representatives of business, industry, labor, and the community for a given occupation. These councils are used by many local school districts to help them plan courses of instruction based on employment opportunities and skills needed in that area. With vocational education's present emphasis on strengthening the relationship between education and employment, these councils are likely to assume increased importance in the near future, particularly in adult vocational education.

CETA legislation requires each Prime Sponsor to establish a Manpower Planning Council which, like the vocational education councils, includes representatives of business and labor among its members.

Vocational education and CETA could each benefit through joint use of business/industry/labor representatives during their planning processes. A more accurate understanding of realistic employment opportunities would be available to both programs. Otherwise, there is a significant risk that the two programs will duplicate effort, resulting in an excess of trained persons over available job openings.

How Coordination Can Help

Separate Labor Market Advisory Committees, each concerned with a single dominant industry, could be established to assist in determining the proper vocational training courses to meet labor market needs in a given geographic area. Membership for a given committee could be composed of CETA prime sponsor staff, local community college, unified school district, private school, and other vocational school staffs, the Employment Service, union representatives and industrial management and personnel representatives having an interest in that particular industry.

How It Might Work

Industry, labor and Employment Service representatives could provide each committee with the level (number of estimated new employees needed) and configuration (by individual occupation) of local current and projected demand for each related industry, and could advise on anticipated technological change and its resulting impact on existing training programs in the community. These committees, working together as a group, could shape the supply side of the manpower equation to match current and projected labor market demand. Recommendations of the committees might include: the desired number of training programs in the community, the level of skills to be taught, the length of various courses, specific curriculum and equipment to be used and the process of final certification or graduation. Through central coordination with these committees, various training institutions then could plan to provide the needed kinds of classes that each is best equipped to deliver and the jurisdiction could move closer to the concept of a truly comprehensive and coordinated manpower planning system.

Possible Federal Funding Sources

Vocational Education
Part B—for staff time.

CETA
Title I—for staff time.

Benefits to Vocational Education

—Assures direct links between skills training and available employment opportunities.

—Increases the likelihood that the content and quality of training will be uniform in institutions throughout the community.

Benefits to CETA

—Assures direct links between skills training and available employment opportunities.

—Broadens awareness of existing and planned training programs in the Prime Sponsor area.

Risks to Vocational Education

—That individual local education agencies may be concerned with a smaller geographic area than a Prime Sponsor, and therefore not interested in being members of the larger group focusing on a bigger geographic area.

—That vocational education may not want to lose the autonomy of its own separate occupational-based Local Advisory Councils by merging them into Labor Market Advisory Committees.

Risks to CETA

—That the advice and recommendations of the Labor Market Advisory Committees may not be utilized by vocational training institutions unless CETA is funding programs in those institutions.

How to Reduce the Risks

—Agree that separate vocational education advisory councils, if so desired by local vocational education agencies, can remain subcommittees of the larger committees.

—Negotiate an agreement that joint planning will be done among all skills training programs based on the recommendations of the Labor Market Advisory Committees.

Opportunity 15: Combining Resources to Develop an Automated Management Information and Evaluation System

Issues Facing CETA and Voc Ed

Nation-wide, vocational educators understand the necessity of offering occupational programs which meet the employment needs of business and industry so that vocational training will be "realistic in light of actual or anticipated opportunities for gainful employment." To fulfill this legislative requirement, vocational educators need accurate and up-to-date manpower-demand forecasting data so they can plan a proper occupational mix in developing their programs. CETA program planners need the same kinds of data and also need supply information on the number of individuals already being trained in other public and private institutions in given occupational areas, along with net changes in the number and composition of persons in the labor force. Individual state Departments of Employment Development or Employment Security supply this information to varying degrees but to date, in a number of areas, the resulting data has not been sufficient for vocational education or CETA program planners at the local level. Significant amounts of Federal funds are flowing to states to enable them to develop automated manpower management and occupational information systems. Because both DOL and HEW are funding these projects separately, the potential is great that finished systems will be duplicative and not compatible.

How Coordination Can Help

A concerned effort by CETA and Voc Ed to analyze existing systems and identify gaps in mutually needed data as well as information currently being collected but not necessarily in a compatible manner could result in increased information in a more compatible format at reduced costs.

How It Might Work

Local CETA, vocational education and employment service planners could work together to finance and develop a system to collect, update and store standardized information needed by all three groups.

Benefits to CETA

—Provides the comprehensive data base needed by manpower planners.

—Provides an objective data base that can be used for evaluation purposes.

—Requires a one-time-only development of the basic technology.

—Can be utilized by a number of other agencies, including CETA subgrantees.

Benefits to Vocational Education

—Provides the information needed to link labor market demand/supply information to local educational planning.

—Ensures continuity of planning data.

—Provides additional, current data for planning, policy, and evaluation purposes.

—Requires a one-time-only development of the basic technology.

Risks to CETA

—That subgrantees will not utilize the data to improve their programming.

—That the project will be too costly.

—That local decision-makers will not consider the evaluation findings in their selection of program grantees.

—That the lead time required for the project may mean that its performance is not immediately measureable.

Risks to Vocational Education

—That the data generated may not be in a format useful to Voc Ed planners.

—That funding will run out and not be renewed before the system is fully operational.

How to Reduce the Risks

—Negotiate a funding arrangement which provides for a reasonable time to design, develop, implement and test the system.

—Agree on the kinds and format of data to be utilized by each participating agency.

—Determine the evaluation concerns of the local program policy makers and develop objective data which meets their concerns and can be shown to be accurate.

Opportunity 16: Providing Work Experience and Youth Employment to School Dropouts

Issues Facing CETA and Education

Vocational educators and CETA Prime Sponsors recognize and are concerned with the fact that as the unemployment rate increases there is an expanding pool of unemployed and disaffected youth entering the job market without adequate education and skills to obtain employment. Unemployment rates for youth are estimated at 2–3 times greater than the rates for the total labor force. Many of these are school dropouts, delinquent and pre-delinquent youths. Their problems and the socioeconomic problems they pose to society are educationally and manpower based. The challenge facing vocational education and CETA programs is how to provide a mix of services combining counseling, education, pre-employment and occupational training with actual employment experience.

How Coordination Can Help

A single program which addresses the educational and manpower needs of unemployed youth can partially address the concerns of both CETA and vocational education to alleviate this problem.

How It Might Work

CETA and vocational education could work together with local employers, either individually or nationally through such vocational education youth organizations as the Distributive Education Clubs of America, to develop a combined education/work experience program for disadvantaged and school dropout youth. A local education agency could be given administrative and coordinative responsibilities. Comprehensive program services might include:

—assessment and orientation

—pre-employment personal and career counseling

—occupational training

—work experience

—related individualized instruction including GED and remedial instruction

—Supportive services, mainly pre-employment personal appearance services and transportation.

The sequence of these services could proceed as follows: once an individual completes the assessment, orientation and pre-employment stages of the program he/she would be placed directly in an on-the-job training slot in a previously arranged position. Enrollees would receive the normal hourly wage for the position filled. A program coordinator would be responsible for arranging these activities. During the time of working, in the evening or other free time, individuals would be provided individualized vocational education instruction and GED preparation, and participate in other community organized youth programs until he/she is judged to have the necessary skills and attitudes to maintain and move upward in the job. Follow-up services would be provided by the program coordinator after completion of this stage.

Possible Federal Funding Sources

Vocational Education

Part B—to provide basic funding for education components, including counseling.

Part G—for a portion of OJT costs and transportation to the job.

CETA

Title I—to cover selected costs, such as outreach, project administration, consultation, supportive services, and a portion of OJT costs

Benefits to Vocational Education

—Promotes cooperation between education and manpower agencies, labor organizations, business and the community.

—Improves youth work skills in the work environment through relevant occupational training and job experience.

—Provides additional resources to maximize potential success of program participants.

Benefits to CETA

—Serves to meet a priority service area and program target group.

—Offers the opportunity to "buy into" vocational education classroom and skills training.

—Provides immediate full-time employment and on-the-job training which results in long-term and advanced employment.

—Places participants in unsubsidized employment.

Risks to Vocational Education

—That necessary related occupational training may have to be in other than a regularly scheduled occupational area already identified as one in which skills shortages exist.

—That because students are high risk, if they fail employers may not be willing to deal with vocational education in the future.

Risks to CETA

—That costs per participant may exceed those of other CETA participants.

—That participants may not continue to be employed once they have completed the program.

How to Reduce the Risks

—Negotiate in advance expected performance levels and risks to the employer by which the program is to be evaluated (including employment retention rates).

—Agree that the program will be designed for occupations in which skill shortages exist.

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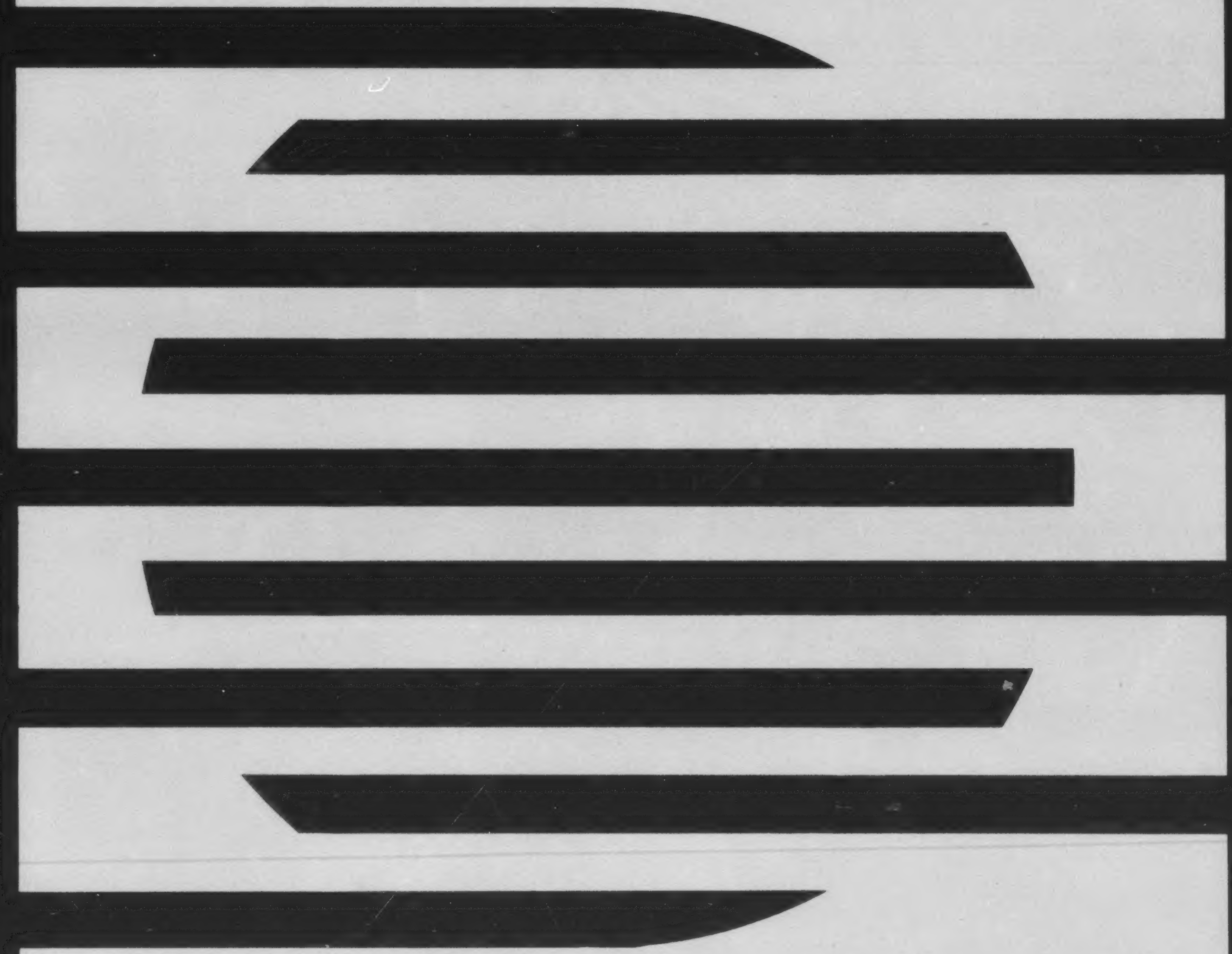
* This case is the subject of a model operating agreement contained in Appendix I.

Chapter Six Adult Education Program Summary



Adult education is considerably more comprehensive than just preparing an individual with the necessary educational prerequisites to compete in the immediately available job market. It is also more comprehensive than just those provisions included in the Adult Education Act of 1966. It is important for Prime Sponsor staff to realize that increasingly the focus of adult education program content is on learning for decision making, on life coping skills, and on functional literacy related to adult needs on the job, in the home, and in the community. Job-related educational development represents only one aspect of overall adult education concerns.

Our emphasis here, however, will be on the legislative provisions of the Adult Education Act, particularly as they relate to CETA areas of interest and potential opportunities for coordination. This section is intended to be only a legislative and administrative summary; for a more detailed examination of adult education programs, Prime Sponsor staff are encouraged to establish direct relationships with state and local adult education administrators.

Legislative References

Federal Law

The Adult Education Act of 1966* (P.L. 89–750) is the basic authorizing legislation for Federally-funded adult education programs. Major education amendments in 1970 (P.L. 91–230), 1972 (P.L. 92–318), and 1974 (P.L. 93–380) have changed certain key provisions of the law. This law and its amendments are codified in 20 USC 1201–1211a.

Federal Regulations

In accordance with the requirements of the Education Amendments of 1974, proposed State Program Regulations were issued by the Department of Health, Education and Welfare and published in the *Federal Register*, Volume 40, No. 14, January 21, 1975. Final regulations were published April 23, 1975, with further guidance relating to state applications published May 21, 1975.

Program Purpose

The primary purpose of the Federally-funded adult education program is to expand educational opportunity and encourage the establishment of programs of adult public education that will enable all adults to continue their education to at least the level of completion of secondary school and make available the means to secure training that will enable them to become more employable, productive and responsible citizens.

Adult education is not based solely upon a need for developing and upgrading job skills, but rather it is an integral part of the lifetime learning process which seeks to make individuals better able to assume adult responsibilities and to govern their own lives.

Funding Allocation

Federal law states that the adult education program shall consist of grants to states which have state plans, approved by the Commission of Education, based on allocation formula factored on the number of adults in each lacking a secondary school diploma. Not less than 15% of each state's allocation is to be used for innovative projects and teacher training.

States must match Federal monies according to a 90% Federal 10% state and local ratio. In actual fact, however, most states allocate more of their own funds than the required match. In addition, many states impose their own more stringent matching requirements. Non-cash and in-kind contributions may be counted towards the state and local share. Annually, the Commissioner of Education determines the maximum amount of Federal funds which can be used for state administrative expenses, based on appropriations and limitations provisions of sections 313(a) and 313(b) of the Adult Education Act. There is no limit to the amount of state and local funds which may be used to cover such costs.

Programs of adult basic education are emphasized and no more than 20% of the basic state allotment may be spent on high school equivalency and secondary programs. No limit is placed on the amount of additional state and local funds which may be added for such programs, however. Not more than 20% of the total funds expended, including the basic grant and state and local matching, may be used to fund programs for institutionalized persons, while no maximums are set for bilingual adult basic education programs. In addition, *states may not fund adult education programs at less than the previous year's levels.*

Federal law requires that the adult education basic grant be administered by the state education agency, meaning the State Board of Education or other agency or officer primarily responsible for the state supervision of public elementary and secondary schools. If there is a separate state agency or officer primarily responsible for supervision of adult education in public schools, then such agency or officer may be designated for the purpose of this title by the Governor or by state law.

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*Short title. The full title is *Elementary and Secondary Education Amendments of 1966, Title III.*

Participant Eligibility

Adult education (i.e., services or instruction below the college level) opportunities are available to *any individual* who:

—has attained the age of sixteen;

—does not have a certificate of graduation from a school providing secondary education and who has not achieved an equivalent level of education; and

—is not currently required to be enrolled in school.

Specified Target Groups

Although the scope of adult education programs encompasses individuals with less than a twelfth grade education, primary focus is on those individuals with less than an eighth grade education. In addition, major priority is given to individuals:

—in geographical areas of the state having a concentration of adults in need of basic education;

—of limited English-speaking ability;

—with educational deficiencies that impair their ability to gain employment.

State Plan Requirement

Provision of adult education is a state responsibility, assisted by the availability of Federal monies. Before these monies are allocated to the states, however, Federal law requires that a State Plan be developed by the state and submitted to the Commissioner of Education. The Plan must provide for:

1. A program for the use of grants which affords assurance of substantial progress with respect to all segments of the adult population, including institutionalized persons, and all areas of the state;

2. Administration of such plan by the state educational agency;

3. Cooperative arrangements between the state educational agency and the state health authority;

4. Grants to public and private nonprofit agencies for special projects, teacher-training and research;

5. Cooperation with community action programs, work experience programs, VISTA, work study and other programs relating to the antipoverty effort;

6. Cooperation with manpower development and training programs and occupational education programs;

7. Special assistance to be given to the needs of persons of limited English-speaking ability.

The state-Federal agreement, which is a pre-printed list of assurances, covers the elements listed above with one important addition. Section 5 of the pre-print states, "The state agency will provide cooperation with manpower deveolpment and training programs, including programs under the Comprehensive Employment and Training Act (CETA) and occupational education programs."

Local Application for Funds For Program Operation

Federal law indicates that the adult education program is to be carried out by local educational agencies and private nonprofit agencies. In reviewing funding applications from these agencies, the state educational agency must give consideration to such factors as to whether, and to what extent, a program:

—will serve adults in those geographic areas of the state which have high concentrations of adults in need of basic education;

—will serve adults with the greatest basic educational deficiencies which are imparing their ability to obtain employment;

—will provide special assistance for persons of limited English-speaking ability;

—will meet the need for adult secondary programs in the state to the fullest extent possible with funds provided by the Act;

—has been planned and will be conducted in cooperation with community action programs, work experience programs, VISTA, work-study programs, programs designed to provide reading instruction for adults, and other programs relating to the antipoverty effort;

—has been planned and will be conducted in cooperation with manpower development and training programs, including programs under the Comprehensive Employment and Training Act (CETA) and occupational education programs;

—has been planned and will be conducted in cooperation with other state and local community school programs, consumer education programs, career education programs, metrication education programs for adults, equal education programs for women, bilingual instructional programs for persons with limited English-speaking ability, and with agencies responsible for institutionalized persons;

Advisory Councils

National Advisory Council

The President appoints a National Advisory Council on Adult Education to advise the Commissioner of Education in the preparation of general regulations and on policy matters relating to the administration of the Adult Education Act. In addition, the Council recommends policies to eliminate duplication and effectuate coordination of programs offering adult education. The Council also reviews and evaluates the effectiveness of state programs of adult education.

State Advisory Councils

Any state which receives assistance may establish and maintain a state advisory council, or may designate and maintain an existing state advisory council which is appointed by the Governor or, in the case of a state in which members of the state board which governs the state education agency are elected, by such board.

Such a state advisory council is to:

—advise the state educational agency on policy matters in the administration of the state plan approval;

—advise with respect to long-range planning matters and studies evaluating adult education programs, services, and activities assisted under this Act;

—prepare and submit to the state educational agency and to the National Advisory Council on Adult Education and the U.S. Commissioner of Education an annual report of its recommendations, accompanied by such additional comments as the state educational agency deems appropriate.

Certification of the establishment and membership of state advisory councils through notification by the state educational agency to the Commissioner of Education is required by statute.

Other Relevant Requirements

Federal law requires the Commissioner of Education to establish and operate a clearinghouse on adult education. This clearinghouse is required to collect and disseminate information pertaining to the education of adults together with *ways of coordinating* adult education programs with manpower and other education programs. This clearinghouse is presently being established; it is expected to be fully operational by April, 1977.

What Adult Education Can Offer to CETA

It is important for Prime Sponsors to realize that the adult education program is not a heavily-funded program (FY '76 authorization of Federal monies = $67,500,000). Therefore, in most localities, most effective coordination opportunities will probably be based on utilization of adult education experience and non-monetary resources (utilization of personnel, facilities, etc.) rather than on shared funding arrangements.

As a result of substantial past involvement in manpower programs such as the Job Corps, WIN, and CEP, adult education programs have developed a considerable amount of manpower-related experience and insight. It is this experience, coupled with the flexibility of adult education programs to tailor curriculums and in-service training programs to meet individual needs, that represents the strongest basis for potential CETA/adult education coordination.

Opportunity 17: Combining Resources to Better Realize Individual Potential

Issues Facing CETA and Education

Substantial numbers of the adult population find themselves with an almost insurmountable problem: they are both underemployed and undereducated, but are unable to alter the former without first altering the latter. The need for present income is essential to their survival and that of their family. In some cases, additional education can be obtained in evening time not required for present job activities; however, in the case of the severely disadvantaged who are trapped in menial, low-paying jobs, it is often necessary to hold a second job to maintain even the minimum income to support their families. Without the education (whether general or skill-oriented), a great deal of potential remains unrealized.

How Coordination Can Help

Adult education often has the flexibility and resources necessary to tailor educational programs to the needs of these persons; adult education does not have the ability to provide a source of income while these programs are being implemented. CETA, on the other hand, has the ability to pay stipends, but often not the existing resources necessary to provide needed education efficiently. Neither program alone can provide the opportunity needed by this disadvantaged group; however, a joint CETA/adult education effort does have the potential to provide such an opportunity.

How It Might Work

CETA might enroll disadvantaged persons in a job-related training program (either full or part-time) which includes an adult education component tailored, at least in part, to the specific educational skills required by the potential job opportunities. CETA would pay stipends to program participants to enable them to maintain needed income flow and would also pay at least a portion of the costs of the on-going education program. Adult education would be responsible for tailoring specific curricula and providing required instructors, facilities, and supervision. In addition, adult education would pay the costs of all educational activities that are not directly related to potential job requirements. Such an approach not only provides job upgrading opportunities that do not presently exist, but also enables adult education to provide educational development opportunities, not specifically required for employability, to a segment of the population that otherwise could not participate.

Possible Federal Funding Sources

Adult Education

Sections 302, 305 and 307—for ongoing training costs.

Section 309 (as applicable).

Section 314 (as applicable).

CETA

Titles I, II and III (as applicable).

Benefits to Adult Education

—Provides increased capability to serve a segment of the population not presently being served.

—Reduces costs to adult education since CETA would fund that portion of the educational development required by the job opportunity.

—Provides the opportunity to develop a working relationship with CETA in an atmosphere involving minimal risks to either program.

Benefits to CETA

—Provides increased capability to serve a segment of the population not presently being served.

—Provides the opportunity to obtain needed educational development efficiently through utilization of existing adult education resources.

—Provides the opportunity to offer underemployed individuals a more comprehensive developmental situation than merely specific job training.

—Provides the opportunity to develop a working relationship with adult education in an atmosphere involving minimal risk to either program.

Risks to Adult Education

—Minimal other than that CETA might attempt to "control" the training curriculum, resulting in the exclusion of broader educational development.

Risks to CETA

—Minimal other than that adult education might attempt to monopolize the training curriculum, resulting in inadequate emphasis on job related skills.

How to Reduce the Risks

—Negotiate a written adult education/CETA agreement that spells out the details of the joint project and clearly identifies the performance measures that will be used to assess the effectiveness of each program's participation.

Opportunity 18: Joint [illegible] of Tutorial Training for the Functionally Illiterate

Issues Facing CETA and Education

Although adult education programs are available to any adult 16 years of age or over with less than a 12th grade level of educational competence and not currently required to be enrolled in school, certain segments of the population have historically failed to take advantage of adult education programs. In many cases, the severely educationally-disadvantaged, particularly in rural areas, have lacked the confidence (and often the knowledge) to participate in these programs when conducted in an institutional or group setting. Partially as a result of their educational deficiencies, this same group of people has tended to represent a disproportionately high percentage of the chronically unemployed. Neither manpower nor education programs have made a major impact on them.

How Coordination Can Help

Adult education and CETA can work together to develop innovative service delivery systems to reach this heretofore neglected segment of the disadvantaged population. By entering into a cooperative funding and service delivery agreement, each can impact on a group of people that neither has typically been able to reach in the past.

How It Might Work

CETA can fund a number of CETA-eligible tutorial positions to work directly under the supervision of adult education in tailoring individual education/skill-related programs to be conducted on a one-to-one, in-home basis, with participants identified by existing community agencies. Adult education can be responsible for training the tutors, developing individualized curricula, and providing necessary materials and on-going supervision.

Such an approach, which is presently being implemented in several states, should be attractive both to CETA (since it provides present jobs as well as invests in future potential) and to Adult Ed (since it extends educational programs, at minimal cost, to a whole new segment of the population). In situations where progress reaches desirable employment levels CETA could also take responsibility for follow-up job development and/or placement.

Possible Federal Funding Sources

Adult Education
[illegible] 302, 305 and 306—for ongoing training costs.

Section 309—for initial demonstration project and teacher training.

Section 314—in areas with Indian recipients.

CETA
Titles I, II, III (several target groups) and VI (public and private non-profit).

Benefits to Adult Education

—Provides increased capability to serve an expanded number of persons in the target population and to concentrate on those most in need of educational opportunities.

—Reduces cost to adult education since CETA would fund the basic tutorial positions. Adult education funds only initial training costs, materials development, and ongoing supervison.

—Represents an opportunity to work together with CETA without increasing emphasis on secondary school level of instruction (which is subject to 20% limitation).

Benefits to CETA

—Provides immediate job opportunities for CETA-eligible persons. As a result of adult education training, these positions should have a reasonable probability of being ongoing, or transferable, positions.

—Provides increased capability to impact the developmental potential of a segment of the population not presently being served.

—Enables CETA to better utilize its available funding by both supporting present positions and investing in future employment potential with the same dollars.

Risks to Adult Education

—That one-to-one tutorial training may prove to be administratively cumbersome and prohibitively expensive, thereby drawing scarce resouces from more traditional adult education programs.

—That one-to-one tutorial training, if successful, may not have the potential of reaching a sufficiently large segment of the educationally-disadvantaged population to warrant its continuation.

—That CETA Prime Sponsors may become dissatisfied if educational training does not result directly in meeting short-term placement objectives.

Risks to CETA

—That giving up training and supervisory control to adult education could result in underemphasis of employability skills, thereby slowing a participant's entry into the labor market.

How to Reduce the Risks

—Fund the initial adult eduction commitment from Section 309 demonstration monies. Continue the program on an ongoing basis only if it proves to be cost-effective.

—Consider the possibility of using the initial paid tutors as coordinators of additional groups of *volunteer* tutors (part-time) in subsequent years. This would have the effect of expanding the program substantially at minimum cost.

—Negotiate an adult education/CETA agreement that includes periodic review of adult education curriculum and progress by CETA Prime Sponsors. It is important, however, that such review and resulting feedback be *advisory* only during the funded period so that consistency of training approach may be retained. Prime Sponsors could then assess adult education responsiveness to CETA concerns as an input to annual funding negotiations.

Opportunity 19: Joint Funding and Utilization of an Adult Education Learning Center

Issues Facing CETA and Education

Although a broad spectrum of the general population is eligible for vocational education services, certain segments of that population, often do not possess adequate basic educational and prevocational knowledge and skills necessary for them to successfully complete occupational training programs. CETA clients, including the economically disadvantaged and Title III recipients (Native Americans, youth, offenders, persons of limited English speaking ability), often display the same educational deficiencies. The problem is that although vocational education and CETA are expected to provide skills training and prepare the disadvantaged for employment, neither program specializes in providing basic eductional services. Adult education does.

How Coordination Can Help

CETA, vocational education and adult education can work together to arrange for adult education to provide, through an Adult Learning Center, the basic education required for common vocational education/CETA clients. Individualized instruction on an open-entry, open-exit basis would ensure that each enrollee is prepared for vocational training as rapidly as possible. The Center could also conduct other job-related special prevocational programs.

How It Might Work

CETA intake agencies and Title III grantees could refer individuals to designated vocational institutions for testing, assessment and counseling. Those individuals needing basic education prior to entering the occupational class in which they would like to enroll and for which there are available employment opportunities would be referred to the Adult Learning Center for classes. In its assessment, the vocational education agency would identify the required level of basic reading, mathematical, verbal and written communication, and other prevocational skills needed to fill the gap between the present educational level of each individual and that level required for entry into the appropriate vocational training program. Common CETA/vocational education clients could receive CETA allowances or stipends to enable them to complete their classroom training. Vocational education could provide funds to cover salaries, fringe benefits, books, teaching aids, entrance and tuition fees for prevocational and specialized classes. In addition to providing classes the Adult Education Center could be responsible for maintaining student records and evaluating student progress during enrollment.

CETA could take responsibility for job development and could share placement responsibilities with vocational education at a later date if occupational training were needed.

Possible Federal Funding Sources

Vocational Education
Part B—15%; Part J funds.

Adult Education
Sections 305, 306.

CETA/Vocational Education
Section 112—5% monies.

CETA
Title I, III.

Benefits to Vocational Education

—Provides increased capability to serve more disadvantaged in existing institutions.

—Limits total costs to vocational education. Vocational education would primarily pay for the prevocational knowledge classes; adult education would cover most of the basic education skills classes.

—Ensures continuity of training. Vocational education agencies can be assured that individuals, once they are enrolled in regular vocational education classes, will have the required basic skills.

Benefits to Adult Education

—Creates linkages with a wide range of referral agencies.

—Permits students who have completed courses of study to move directly to skills training or be certified job ready.

Benefits to CETA

—Reduces per-client costs through sharing expenses with vocational education and adult education.

—Provides for other, more experienced agencies to handle the testing, counseling and training of CETA clients.

—Gives Title III populations access to other employment-related services through participation in the Adult Learning Centers.

—Utilizes open-entry, open-exit facilities which emphasize using the minimum amount of time to achieve required levels of competency.

—Provides to those individuals who need it basic education to prepare them for skills training or employment.

Risks to Vocational Education

—That individuals, even if they complete the prevocational and adult basic education classes, may not be ready for skills training.

Risks to Adult Education

—That demands for too many individualized instructional programs may be administratively cumbersome and expensive.

—That once a student reaches the vocational training stage, there may not be openings in the appropriate classes.

Risks to CETA

—That CETA may lose decision-making capabilities and flexibility to make changes in their clients' plans of services.

—That the time it may take to bring an individual up to a level where he/she can enter a training program may be so lengthy that the 104-week limit on expenditures is taken up by education and training alone.

How to Reduce the Risks

—Negotiate a three-way agreement whereby adult education will provide slots in existing basic education classes at no cost to CETA or vocational education. If costs for individualized instruction become excessive, vocational education could provide Part J funds, CETA could contribute Title I monies and negotiations could be conducted to secure 5% Section 112 funds to continue the program.

—Agree that costs for prevocational programs (development of positive work attitudes, personal management, work relations, techniques for getting a job) will be shared between vocational education and CETA.

—Agree that a liaison will be assigned from each agency to track clients to be sure they are ready to enter occupational training classes.

Chapter Seven
Title XX
Program Summary

Background

Title XX of the Social Security Act, signed into law by the President on January 4, 1975, provides a new legal base for the Federal funding of state social services programs.* Social services have been an integral part of Federal welfare assistance since the 1930's; however, in 1962, Congress passed special social services provisions directed at the goals of strengthening family life, self-care and self-support.

Title XX placed with the state the responsibility and authority to develop a comprehensive social services program that is responsive to the needs of its citizens. Title XX brought about many fundamental changes from the previous programs authorized under Title IV-A (services to families and children) and Title VI (adult services).

Prior to Title XX, states were required to expend 90% of their Federal funds for social services to welfare recipients in two major Federal assistance programs: Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) for dependent senior citizens, the blind, and the totally disabled. At their option states could offer services to persons considered "potential" recipients or "former" recipients of welfare. Potential recipients included specific target poverty populations such as migrant farm workers and persons residing in target poverty areas such as Model Cities Neighborhoods.

Titles IV–A and VI required the states to provide 15 mandatory services to welfare recipients. States could also provide optional services, but whatever service was provided had to be offered statewide. The Social and Rehabilitation Service (SRS) within the Department of Health, Education and Welfare (HEW) maintained close Federal control over how the states spent their social services dollars and for whom services were to be available. SRS held the ultimate authority over deciding what was an allowable service for Federal reimbursement. Until 1972, the availability of Title IV–A funds was open-ended. As long as the state could provide a 25% non-Federal match for expenditures on allowable social services, the Department of Health, Education and Welfare had to provide 75% of the total expenditure.

A number of larger states used this open-ended provision to fund new human services programs or to refinance existing state programs with Federal dollars. Federal spending on social services rose from $354 million in Fiscal Year 1969 to $1.7 billion in 1972. Alarmed by the possible $4.8 billion projected expenditure for FY 1973, the Congress established a $2.5 billion ceiling on Federal funds for social services during any fiscal year.

Title XX retained this Federal funding ceiling. HEW assigns an annual allotment of these monies to every state in proportion to the size of its population. The state can receive Federal reimbursements of its social services expenditures up to its annual allotment, provided that it has sufficient, non-Federal matching funds and the need to use its full allotment.

Unlike CETA, Title XX funds are disbursed to the individual states only after they have made expenditures for services. Title XX is a reimbursement rather than direct grant program. The individual states and the District of Columbia are the only eligible applicants. Every applicant must certify how much of its annual allotment it will need. An individual state may not draw upon more Federal dollars than it has certified as needing or than HEW has allotted, whichever is less. The only exception to this limitation is the extended use of Federal funds for training staff and volunteers who provide direct services as specified in the state's annual services plan.

Changes Under Title XX

While retaining the annual $2.5 billion Federal ceiling, Title XX transferred from HEW to the individual states the responsibility to define the services it would provide its citizens. Each state may receive Federal reimbursement for any service it chooses to make available so long as the service is defined in the state's annual services plan and does not violate the limitations set by Federal law or regulations. Title XX eliminated most of the mandatory services required previously. It is largely the state's responsibility to define and select its services.

Each state has the authority to establish income levels up to 115% of the state's median income level for a family of four adjusted for family size within which clients are eligible to receive one or more services. (Most states in the first annual services plans set income levels far below their 115% figures.) Aside from AFDC family planning, every service does not have to be made available statewide. The state's services program, however, must cover all political subdivisions of the state, including Indian reservations. The state's program must offer at least three services (defined and selected by the state) in each geographic area to SSI recipients who need such services. The state may choose to provide a different mix of services to different client categories in each geographic area, but within a geographic area all eligible individuals within a given category must be offered the same services. Although every state is required to use an amount

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*Public Law 93–647, "Social Services Amendments of 1974." Federal regulations governing Title XX were published in the *Federal Register*, Vol. 40, Number 125, on June 27, 1975, and subsequent revisions in Vol. 40, Number 193, on October 3, 1975. The Social and Rehabilitation Service within HEW is responsible for Title XX regulatory and policy interpretation. Such questions should be directed to the SRS Regional Office through your state Title XX agency.

equal to at least 50% of the *Federal* funds it receives for services to welfare-related clients, the major portion of the total Federal/state social services funds can be expended on services to low-income individuals and families.

While Title XX loosened Federal control over the design of their social services programs, states are required to follow a rigorous planning process open to public review and comment. Every state must develop a Comprehensive Annual Services Program (CASP) plan, in proposed and final form, that is made generally available to the citizenry. Citizen review is a new feature added by Federal statute and regulations.

> ***Like CETA, Title XX grantees have broad flexibility in determining how Title XX services will be defined and provided and who will receive such services within the statutory provisions.***
>
> ***Copies of your state's CASP plan are generally available from state and local Title XX agency offices.***

Purpose of Title XX

Under Title XX, the services provided must be directed toward the five national goals of:

—achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;

—achieving or maintaining self-sufficiency, i.e., enabling individuals to take care of themselves, thus reducing or preventing their dependency;

—preventing neglect, abuse or exploitation of children and adults unable to protect themselves, while attempting to preserve, rehabilitate or reunite families, i.e., strengthening family life;

—providing community home-based care to prevent or reduce inappropriate institutional care;

—arranging institutional care when appropriate or providing services to individuals in institutions.

These five national goals represent broad parameters within which every state must define and direct its social services. The state has the ultimate authority to make available any service that is not specifically restricted by Federal law. Every state must make available in each geographic area at least one service directed at each of the five national goals (a single service may be directed at more than one goal), at least three services for SSI recipients who need such services, and family planning services to all ADFC recipients who request them.

> ***Title XX shares with CETA the common purpose of assisting individuals to achieve or maintain economic self-sufficiency and self-support. Title XX purposes are considerably broader, however, in that a wide range of non-employment related problems of the individual and the individual's family unit are the object of Title XX services (e.g., child abuse, institutional care, etc.).***

The Designation of a State Social Services Agency

Federal law and regulations require that the Governor of each state designate an appropriate state agency to administer its Title XX program. In some states the appropriate state agency is designated by state law. Title XX allows each state some latitude in designating their Title XX administering agency. Some Governors have named the state welfare department (a single agency) or their umbrella Human Resources Agency to administer Title XX. Other Governors have designated a single social services division within the umbrella agency to administer social services. Whichever agency is designated, it must also administer or supervise the state's Child Welfare Services (Title IV-B) program. This legal stipulation means that for most states the appropriate Title XX agency is the state welfare department. The state's Title XX agency holds the authority and responsibility for all aspects of the state's social services program. As part of its responsibilities, it must:

—develop the state's Comprehensive Annual Services Program Plan

—project estimated expenditures and account for Federal funds

—establish and maintain standards for eligibility

—administer or supervise the administration for the provision of services

—maintain a working relationship with HEW and comply with program reporting requirements

—operate the program on a state-wide basis.

The way in which the states' Title XX agencies carry out these responsibilities varies from state to state. They vary in terms of how every state program is organized and how services are planned and delivered.

> ***Like CETA, the Chief Elected Official must designate a lead agency to assume administration responsibility for Title XX program planning and operations. Unlike CETA, all Title XX funds for services in local communities must be allocated through state government. Local Title XX agencies, e.g., county welfare departments, are considered to be agents of the state's program.***

Matching Requirements

HEW does not advance Federal funds to states for their Title XX programs. Every state is reimbursed in part by the Federal government after expenditures have been made for the provision of services, plus administrative costs, and the cost of training service workers and volunteers who provide direct social services as defined in the state's CASP plan. The amount of reimbursement is limited by the Federal ceiling and to the extent that the state has funds available for matching the Federal dollars. HEW reimburses 75% of the state's services expenditures, except for family planning which is reimbursed at a 90% rate of Federal Financial Participation (FFP).

The matching monies for Title XX may be derived from non-Federal public funds and private funds. Any private source, except service fees to clients, can be used for matching purposes.

These include foundation grants, private agency funds and United Way monies. Privately donated funds, however, cannot be matched unless they are donated to the state without restrictions as to use. Agencies affiliated with United Way can receive Title XX funding only if the state or local Title XX agency decides to purchase services from those agencies. In no case can private donated funds revert to a donor who is a profit-making organization. Public agencies can supply matching funds for Title XX either in cash or in-kind. Special prohibitions exist, however, regarding the use of Federal funds to match Title XX. City funds, clear of Federal dollars, could be used for Title XX. The state Title XX agency could, in turn, contract with the city to provide certain services. With the exception of Housing and Community Development Act funds, no Federal monies may be used as a match for Title XX.

Title XX matching requirements differ substantially from CETA which is a direct grant to eligible jurisdictions and contains no matching provisions.

Client Eligibility

Every state must identify in its annual services plan the categories of clients who are eligible for services. Client categories are established on the basis of their eligibility to receive AFDC or SSI assistance or on the basis of their family's level of income.

Title XX permits states to make available services to any individual whose family's monthly gross income is less than 115% of the state's median income for a family of four, adjusted for actual family size. The state can choose to establish income status eligibility tests at lower percentages than 115% and many have.

State median income figures are promulgated by HEW. These figures are not identical to the OMB poverty standards used for CETA. Each CETA Prime Sponsor should obtain a copy of their state's annual Title XX services plan to ascertain up to what level of family income an individual can receive services. The state's annual services plan also identifies for each geographic area what client categories are eligible for each service.

The legislative intent for the provision of Title XX services was that these resources be concentrated to serve the poor. Every state is required to use an amount equal to at least 50% of the *Federal* funds it receives for the provision of services to:

—AFDC recipients or those who are eligible for AFDC aid (Title IV–A), or

—SSI recipients, including those eligible for state supplementary payments (Title XVI), or

—persons eligible for or receiving Medicaid (Title XIX), and

—individuals (e.g., children) whose income needs and resources are taken into account in determining the eligibility of an individual (e.g., parent) for AFDC or SSI assistance.

The state is required to determine every six months an individual's eligibility for receiving Title XX services. States may not impose residency or citizen requirements as qualifiers for services.

States may offer two kinds of services—information and referral services and services to remedy neglect, abuse or exploitation of children and adults—to anyone without regard to his income.

Title XX grantees' flexibility in identifying eligible Title XX individuals in addition to the categories of eligible individuals established by law create a potentially broad group of common clients. In most states, CETA-eligible Title XX recipients would include youth and adult recipients able to work.

Services and Activities Under Title XX

Title XX is authorized to provide a broad range of services to Title XX-eligible individuals. The legislation contains few requirements pertaining to services selected or mixes of services within the state. The legislation requires that every state provide at least one service directed at each of the five national goals listed on page 73. This stipulation applies to each designated geographic service area within the state. In addition states are required to provide family planning to any Aid for Dependent Children (AFDC) recipient who voluntarily requests it. The state must make available at least three services (again defined and selected by the state) to Supplementary Security Income (SSI) recipients. The three services may vary from one geographic service area to another within the state. Foster care services for all AFDC-FC children (court-ordered placements) must be described in the state's annual services plan and provided under Title XX or under the state's child welfare services (Title IV–B) grant.

Outside of the required services as specified above, Title XX grantees have great freedom in both the definition and selection of services provided to Title XX recipients. Examples of services include but are not limited to:

—information and referral

—protective and day care services for children and adults

—counseling

—training and related services

—employment services

—home management

—health-related services

—transportation

—services to meet the special needs of:

children

youth

senior citizens

alcoholics

drug addicts

the mentally retarded, emotionally disturbed, physically handicapped or blind

—housing improvement services

—legal services

In order to provide any service, the grantee must include it in the Comprehensive Annual Services Program (CASP) discussed on page 76.

States are required to charge a fee to any client whose family's monthly gross income exceeds 80% of the state's median income level for a family of four, adjusted for actual family size. The state determines what fees are to be charged. Fees for each service must be reasonable. They should take into account an individual's use of multiple services and level of income. In no case can a fee exceed the cost of delivering the service.

Title XX places its primary emphasis on the provision of a wide range of services to individuals and families, many of which are authorized under CETA to support individuals in training or subsidized employment. Title XX however, provides such services for purposes considerably broader in scope than support of individuals to enable them to secure or retain employment.

It is estimated that up to one-fourth of the Federal social services funds for the current fiscal years will be expended for child day care. Day care services funded by Title XX must meet Federal, state and local day care standards.

Caseworker (counseling) services comprise another major service under Title XX. Caseworker activity, however, encompasses activities that go beyond normal counseling in the CETA context.

Medical services and remedial services as well as room and board can be funded under Title XX but they must be an integral though subordinate part of another service (e.g., Alcohol Treatment Program, medical certification for training and employment programs).

Training in addition to that provided under the WIN program may be provided under Title XX if included in the CASP plan. Such services are generally directed at non-WIN enrolled AFDC recipients and SSI recipients able to work. Directly funded training services vary from state-to-state but generally do not constitute a major service expenditure under Title XX.

Because of the great flexibility afforded Title XX grantees in both defining and selecting services included in the CASP plan, Prime Sponsors wishing to identify specific Title XX services in their area should arrange to obtain the most current CASP plan.

Service Delivery

While every state's system for delivering social services has unique characteristics, each state delivers services in one of two general ways: either through a *centralized* state-administered social services program, or through a *decentralized* state-supervised/locally administered program.

In the latter case, local welfare departments provide the administration and staff necessary to deliver social services. County funds are often used for the non-Federal matching share. The states may allow some degree of autonomy to each county as a designated geographic area to decide what services they will provide, but any such service must be described in the state's annual services plan. The state's Title XX agency role is one of supervision and administration. The agency is held responsible for the total social services program statewide and is the only agency accountable to HEW's Social and Rehabilitation Service (SRS), the Federal Title XX authority. The state agency is responsible to provide SRS with the various state plans and documentation. In its supervisory role, the state agency allocates substate funding, determines the parameters of locally defined services and client categories, and monitors the operations of their local agents, the county welfare departments.

California, Minnesota and New York are states that have a strong decentralized social service delivery system. California's services plan is largely drawn from 58 county welfare department plans, plus those services, such as child day care, that are purchased from other state agencies. The state agency, then, acts as a planning conveyor and a supervisor of locally-administered and delivered services, governed of course, by applicable state law and administrative procedures.

In contrast to these examples of decentralized state planning and service delivery, there are many states whose services planning and operations are centralized and who operate the Title XX program directly on a statewide basis, generally through substate or district offices. Arizona and Michigan are examples of states which have a state administered social services delivery system.

In both the decentralized and centralized delivery model, there exist three mechanisms for service delivery:

—direct services provided by state or local Title XX agency personnel

—services purchased from other public agencies

—services purchased from private providers.

The mix of these forms of service delivery varies greatly from state to state. Nevada, for example, relies heavily on providing direct services to clients. In contrast, Maine supplies a lesser degree of direct services and chooses to purchase social services from public or private agencies.

The state's social services program must cover all political subdivisions of the state, including Indian reservations. The state may choose to provide all services statewide, thus making the entire state one "geographic area." Aside from family planning to AFDC recipients on request, there exists no "statewideness" requirement for each and every service. The state may choose to divide itself into separate identifiable geographic areas. These sub-state areas may include one or more counties, cities, Indian reservations, Governor's planning areas, etc.

If the state has chosen to divide its program into geographic areas, it may choose to provide a different mix of services to different client groups. Each state's CASP plan offers a catalog of services designated to clients in each area, as well as a map outlining the various geographic areas.

The service delivery mechanisms for CETA and Title XX function similarly. Counseling, orientation and kindred case work is generally performed by the social services agency itself. Other services (e.g., child care and training) are purchased through contracts with public or private agencies. Title XX-contracted services can also include case work (e.g., drug and alcohol counseling services performed by community mental health centers). Just as in CETA, considerable variation may occur depending on the type of Title XX grantee administrative model and the particular geographic service area. Each state has the authority to decide how any substate areas will be formed. Population is not a required criterion for the designation of substate Title XX geographic areas. Therefore, existing Title XX and CETA Prime Sponsor service areas may or may not have contiguous boundaries. While CETA Prime Sponsors can only expand their service area through the establishment of a consortium, Title XX could change its service areas through an amendment of its services plan.

Performance Measures

Title XX requires states to include in their CASP plans descriptions of the planning, evaluation and reporting activities to be conducted during the year. The CASP plan must specify all significant activities to be taken along with their purposes, estimated expenditures and staff resources. Through these activities each state can ascertain the performance of their social services program.

HEW has established Social Service Reporting Requirements (SSRR) that each state must follow. The SSRR stipulate performance measures very similar to those used by CETA. Every state must document how many clients in each category and for each service were served during the preceding quarter. States are required to document the progress that each client group is making toward achieving one or more of the five national Title XX goals.

Title XX requires the state social services agency to maintain individualized records for every client they serve. Much as CETA must maintain individiual participant records, Title XX stipulates that an Individualized Recipient Basic Data File be maintained to accomplish this purpose.

Planning and the Comprehensive Annual Services Program (CASP) Plan

Just as the organizational structure for service delivery varies from state to state, so does planning. The ultimate responsibility for the development of any state's annual services plan rests with the state Title XX agency. In many states, e.g., Maryland and Utah, there exists a special planning unit within the state's Title XX agency. In other states (Michigan, for example), state-level plan development rests upon a "task force" removed from their administrative functions on a short-term basis to do planning. Since Title XX is a relatively new program, a number of these states are reorganizing their social services agency to gain a year-round planning capacity.

In a few state-administered programs and for most state-supervised/locally-administered programs, planning for local services to be included in the state's annual services plan is delegated to the local Title XX agency, e.g., the county welfare department. The responsibility for plan development, however, rests with the designated state Title XX agency. That agency can negotiate an administrative support agreement with another government entity, e.g., a regional Council of Governments, to perform a needs assessment providing information useful for state CASP plan development.

The Comprehensive Annual Services Program (CASP) plan every state Title XX agency develops describes:

—the name of the designated agency and its organizational structure

—categories of individuals to whom services will be offered and eligibility criteria

—fees for services, if applicable

—the geographic areas

—service definitions

—a catalog of services indicating for each geographical area what services are available to which clients

—the objective of each defined service and its relationship to one or more of the five national goals

—the total estimated services expenditures and the actual costs for services for the preceding year, including a breakdown of Federal and non-Federal funds

—the estimated number of clients and expenditures for each service in each geographic area

—how needs assessment was, and will continue to be, coordinated

—how reporting and evaluation will occur

—the process for plan amendment.

The CASP plan does *not* need HEW approval before it becomes operational. States cannot provide any service with Title XX funds that is not defined in the CASP plan; thus if a state wants to provide a new service, the state must amend its CASP plan. Each amendment must be announced publicly and follow a 30-day citizen review and comment procedure, similar to that used with proposed plans, before the amendment becomes effective.

The state's CASP plan and a Prime Sponsor's Comprehensive Manpower Plan differ in form as well as in content. The Manpower plan must contain demographic profiles and economic/employment figures and forecasts. No such statistical support data is required in the CASP plan. It must simply give a narrative description of how needs assessment was carried out and how it influenced the content of the services program.

For each geographic area and defined service, the CASP plan must list the number of estimated clients to be served and how much each service will cost.

For Title XX most assurances and certifications (e.g., compliance regarding personnel practices) are not required in the CASP plan but are submitted in separate administrative documents to HEW without public review.

Advisory Groups

In developing their annual services plans many state agencies have formed "task forces" or advisory groups to review the plan and to assist in the planning process. Advisory group membership often includes representatives from other public agencies, private organizations, and interested citizens and clients.

> ***Like CETA, Title XX requires citizen participation in the planning process. Unlike CETA, Title XX does not require the administrative agency to form an advisory group as the mechanism for achieving citizen participation.***

Citizen Review and Comment

At least 90 days before the beginning of their program year the designated Title XX agency must publish a proposed CASP plan. The state is required to publish a description of the proposed services plan as a display advertisement in newspapers of widest circulation (including non-English newspapers, as appropriate) in each geographic service area. The display advertisements must appear for three consecutive days in daily newspapers or in three consecutive editons if published other than daily.

Copies of the proposed plan must be made available to the public for purchase at a reasonable cost and be available for free public review at local social services offices. A detailed summary of the proposed plan must be distributed free to any citizen who requests it. The state must maintain a toll-free or local telephone number that any citizen within the state may use to request a free detailed summary.

For a period of not less than 45 days following the publication of the state's proposed services plan, citizens must be allowed to submit written comments to the state concerning the content or suggesting changes in the plan. Like the proposed plan, the publication of the final CASP plan must be announced to the public through newspaper display ads. Copies of the final plan are available for purchase or free public review in local offices. A toll-free or local telephone number is maintained so that citizens might find out how to obtain copies of the final plan, how to make applications for services, and where their local social services offices are located.

> ***Public review requirements and public access to the Title XX plan are similar to the requirements under CETA, although somewhat more comprehensive. Prime Sponsors who wish to establish a coordination agreement with the state or geographic Title XX service area would be well served by interacting in the planning process prior to plan finalization to avoid the potential need for a plan modification later in the year. However, coordination opportunities are by no means limited to those which can be included in the CASP plan. In fact, a sound coordination arrangement can often help solve serious problems of deviation from the plan (e.g., insufficient numbers served) during the year or help to achieve new goals or priorities omitted from the plan.***

Staff Development and Service Worker Training

To enable states to develop new service delivery patterns and capabilities under Title XX, Congress has allowed an open-ended expenditure of Federal funds for training personnel directly related to providing Title XX services. Regardless of whether they have reached their limit for receiving Federal funds under the $2.5 billion ceiling all states can receive as much Federal funding as they need for training, provided that they supply a 25% non-Federal match and meet the requirements stated in HEW's regulations.

These regulations allow for training a wide variety of professional and paraprofessional workers and volunteers. Persons eligible to receive training under this special Title XX provision are:

—state and local Title XX agency employees in all classes of positions which relate directly to the operation and provision of services under the state's CASP plan;

—professional and paraprofessional service delivery personnel of state and local public or private agencies under contract with the state or county social service agency;

—individuals, such as family day care givers, with whom the agency has a contract and other individual providers as permitted in federal and state regulation.

—volunteers attached to the Title XX agency and supervised by it in relation to the performance of duties directly related to services under the CASP plan.

These social service employees and volunteers may receive in-service training or are permitted to take courses or participate in training programs, e.g. workshops or seminars, available through accredited educational institutions. The state Title XX agency can make grants to accredited educational institutions for curriculum development, classroom instruction, field supervision, etc. Educational instruction does not have to take place on campus; it may be provided at the work site or in a community facility. The state Title XX agency must have written policies establishing conditions and procedures for grants to accredited educational institutions. These grants may be made on a year-to-year basis for periods not to exceed three years.

The state Title XX agency may also provide financial assistance to students engaged in or preparing for providing direct Title XX services. Title XX agency employees who attend training programs full time for eight consecutive weeks or longer and students preparing for employment in the Title XX agency must sign an agreement to work for their service agencies for a period at least equal to the length of their training.

> ***The personnel training provisions under Title XX should be of special interest to Prime Sponsors, even in states which have reached their Title XX Federal funding ceiling. The provisions hold potential for funding the training of CETA-funded public service jobs with Title XX monies for those employees who provide direct services to Title XX clients.***

Coordination

Every state's annual services plan must describe how the planning and provision of Title XX services will be coordinated with and utilize the following programs:

—Aid to Families with Dependent Children (including WIN)—Titles IV-A and C

—Child Welfare Services—Title IV-B

—Supplemental Security Income (SSI)—Title XVI

—Medical Assistance (Medicaid)—Title XIX

—Related human service programs, e.g., employment and manpower.

No mention of CETA is made in the Federal statute or regulations, but the law indicates that steps should be taken to coordinate with related human service programs to assure maximum feasible utilization of services to meet the needs of the low-income population.

Public Assistance and Medicaid

Federal public assistance is available through the AFDC and SSI programs. SSI is administered by the Social Security Administration. SSI recipients receive direct Federal payments, along with whatever supplement the state provides for its aged, blind and disabled individuals. AFDC payments are administered by a separate income maintenance unit usually located within the state welfare department.

Medical Assistance (Medicaid) is usually administered by the state welfare department. AFDC, SSI and other state-eligible low income residents can receive Medicaid. Title XX will not pay for medical or remedial services that are available to any individual under the state's approved Title XIX plan (or to any elderly person whose costs are covered under Medicare—Title XVIII.)

A Word About WIN Social Services

Federal regulations require the state's Title XX services program to coordinate with the AFDC Work Incentive Program.

The Federal administration of WIN training funds resides with the Department of Labor. HEW is responsible for administering special social services funds for WIN participants. At the state level, WIN training (except for New Hampshire) is administered by the state employment service. Supportive services—child day care, transportation, medical exams, homemaker, home management and housing services, etc.—are available to WIN participants through separate administrative units (SAU) of the state or social welfare agency.

Federal funding for WIN social services is separate from Title XX and is financed at a 90% rate of FFP. Effective March 16, 1976, every state is required to submit to a Federal Regional Coordination Committee (RCC) for Federal approval, a state WIN plan that includes social services, manpower and training services. (The RCC is established jointly by the DOL/ARDM and the Regional Commissioner for SRS). The state WIN plan is sent to the SMSC for its review and comment.

Each local WIN sponsor (usually the local employment service office) and local SAU (WIN social services unit) must develop a local WIN plan to submit to the state.

The major focus of the WIN program is on job placement rather than on providing training. An employability plan must be developed for every AFDC recipient who is registered and certified for WIN. Employable non-exempt AFDC recipients are required to register for WIN at the local employment services agency. (Formerly, registration was done at the local welfare agency.)

WIN certification is performed by the local SAU. Current state WIN programs may add at their option an intensive manpower services component that increases a WIN registrant's job-seeking skills and employability.

Opportunity 20: The Child Day Care Project

Issues Facing CETA & Title XX

Child care may be the single most important supportive service to certain Title XX and CETA clients. AFDC recipients, particularly single women with young children, are often unable to enter training programs or to get jobs because adequate child care services are not readily available. The costs of child care services hamper CETA's performance record due to the expanded cost-per-placement. States generally offer child care as a service to their Title XX clients, but face a financial problem compounded by the high staff-to-child ratios that Title XX child care facilities are required to meet.

How Coordination Can Help

A common goal of Title XX and CETA is to enable their clients to obtain self-supporting jobs. Title XX recipients, particularly AFDC single parents who want jobs, can offer CETA a source of motivated trainees and possibly experienced job-ready participants. The cost-per-placement of such participants could be lessened if CETA and Title XX share the costs of child care services. State and local Title XX agencies have extensive experience with child care services that CETA Prime Sponsors often lack and might offer a resource for financing child care services to CETA participants placed in jobs. By virtue of its ability to subsidize training and employment, CETA has better access to the job market than Title XX. Once Title XX clients are in jobs, it is more likely that they will become self-sustaining, even to the point that subsidized services such as child care are no longer needed.

How It Might Work

The CETA Prime Sponsor can negotiate a financial agreement with the Title XX agency for the information, referral and placement of CETA participants' children in child care. The agreement can specify that CETA will pay for a particular number of child care "slots" while Title XX will make available an additional number of "slots" to CETA participants who are eligible for Title XX services. The agreement can include a provision that CETA will give special consideration for training and jobs to clients that the Title XX agency refers to CETA. In the financial agreement the Title XX agency can take responsibility for the administration of child care services. It can provide child care counseling and referral to CETA parents. It can contract with the child care providers that the parent wishes to use if the provider meets established child care standards. The Title XX agency can agree to inspect and monitor the provider's facility and program on an ongoing basis.

An optional non-financial agreement can be developed regarding child care career training in Title XX-financed facilities. CETA can agree to place trainees in Title XX child care facilities. The wages paid to trainees through CETA could partially offset the operational costs involved in meeting the high staff to child ratios required by Title XX. The lower operational costs could reduce the proportionate amount the Title XX agency currently pays for child care services. The non-financial agreement assumes that child care careers offer the opportunity for self-sustaining employment either within the facility or in the community.

How Title XX Can Benefit

—The Title XX agency has access to CETA's capability to place AFDC single parents who want to enter the job market.

—The Title XX agency has another source of funding for child care that is more flexible than Title XX funds since CETA has no matching requirement and is not covered under the Federal Interagency Day Care Requirements.

—The Title XX child care provider can reduce its operational costs by using CETA trainees.

How CETA Can Benefit

—CETA has an experienced resource in administering child care services.

—CETA has access to Title XX's capability to finance a portion of the child care services costs which could help reduce the cost-per-placement.

—CETA has access to Title XX's capability to subsidize child care to CETA participants after they are placed in jobs (provided that their income level does not exceed the state's maximum income level to be eligible for Title XX child care).

Risks to Title XX

—That the agency lacks the staff needed to administer the CETA child care agreement effectively.

—That by holding open Title XX child care "slots" for CETA, other eligible Title XX clients would not be served and Federal matching monies might be lost.

—That CETA will not focus on the employment needs of Title XX clients.

Risks to CETA

—That contracting for services with the Title XX agency will not reduce the cost-per-placement figure.

—That the Title XX agency will not adequately service CETA participants due to their other child care service responsibilities.

—That child care careers in the community do not provide adequate salaries for self-sustaining jobs.

—That CETA participants in jobs would become ineligible for Title XX child care services.

How to Reduce the Risks

—Determine whether it is cost-beneficial for CETA and Title XX to enter into a purchase-of-service agreement for child care.

—Agree to the financial and programmatic responsibilities of each agency for child care and employment services.

—Secure adequate matching funds for Title XX child care services and determine whether the maximum income level for Title XX eligibility is adequate for sustaining clients in jobs.

—Negotiate the number of child care "slots" available to mutual CETA and Title XX clients and procedures regarding which agency will pay for the services.

—Develop procedures for the training and placement of child care workers in Title XX facilities to ensure program continuity and adequate career advancement.

—Agree on what accounts, records and reports are required for each program, and develop joint reporting procedures to reduce administrative time and costs.

—Develop a realistic timetable for program implementation.

Opportunity 21: Social Service Paraprofessional Training and Employment

Issues Facing CETA & Title XX

Many state Title XX agencies will be making maximum use of their annual Federal allotments and will not be able to expand services further without other resources. Provided that sufficient matching funds are available, a state Title XX agency can acquire additional Federal dollars in excess of its annual allotment for the purpose of training its direct service workers and supervised volunteers. To increase services, however, the agency must look for other funding sources to pay additional staff salaries. CETA Prime Sponsors are seeking meaningful public service employment positions to subsidize with Title II and VI funds. Prime Sponsors need to use existing resources, such as Title XX, to supply supportive services to their clients and still maintain a low cost-per-placement ratio.

How Coordination Can Help

Excluding those tasks that require professionally trained social workers to handle, e.g., placing dependent children in foster homes, there are many service tasks that could be performed by paraprofessional workers under the supervision of trained specialists. Examples of the kind of social service positions paraprofessional workers could fill are:

—Transportation Aide

—Family Planning Counselor

—Child-Parent Educator

—Convalescent Counselor

—Paralegal Aide

—Information and Referral Worker

—Bilingual Community Outreach Worker.

The list is hardly exhaustive. Many of these services are presently being provided through state Title XX programs. In many instances these services involve routine non-technical tasks currently handled by trained social workers. Since often social workers are burdened with heavy case loads that require their specialized knowledge, it would be beneficial to them and their clients to allow paraprofessional workers to perform services not requiring a specialist's direct attention. CETA could provide public service employee positions for paraprofessionals who could work under the supervision of these specialists. Title XX funds could be used for classroom training to supplement this on-the-job supervision.

As the CETA-subsidized paraprofessionals get training and work experience, they could be eligible for permanent social service employee positions that open up due to attrition or program expansion in later years.

How It Might Work

The Title XX agency could examine the job specifications of the kinds of services it makes available in order to determine the extent to which paraprofessionals could be used. The CETA Prime Sponsor could arrange either to provide the Title XX agency with public service employment (PSE) slots paid for through Titles II or VI, or to provide the Title XX agency with CETA trainees. The CETA enrollees would be employees of the Title XX agency under its merit system, supervision and control. A joint interagency agreement could stipulate that the paraprofessional training and supervision would be the responsibility of the Title XX agency. In addition to assigning of supervisors to guide these paraprofessional workers and CETA trainees, the Title XX agency could contract with a post-secondary educational institution to provide them with classroom instruction specifically related to service delivery.

How Title XX Can Benefit

—Title XX services will be expanded with Federal funds beyond the ceiling on Federal reimbursement.

—With the help of paraprofessional workers the Title XX agency will have a better understanding of its clients' felt needs.

—The client community will feel that the Title XX agency is more approachable and understanding of their needs.

—The Title XX agency will have developed an expanded source of service workers.

How CETA Can Benefit

—CETA can help to develop a new market for employment eventually leading to non-subsidized positions.

—More supportive services can be made available to CETA clients.

Risks to Title XX

—That the Title XX agency will be spending more on overhead and supplies for the new CETA subsidized positions than anticipated.

—That the use of Title XX training funds with CETA funds for salaries could be possible grounds for a later audit exception.

Risks to CETA

—That CETA clients will not be given the opportunity to advance into regularly paid positions in the Title XX agency.

—That the Title XX agency will not provide the CETA employees adequate on-the-job training and outside classroom instruction.

—That CETA and Title XX will be training paraprofessionals for positions that will not be sustained without subsidy.

How to Reduce the Risks

—Develop a joint agreement that the Title XX agency will examine its organizational structure for service delivery and develop, with CETA assistance, job descriptions for new paraprofessional positions.

—Agree that each agency will examine its finances and develop realistic budgets for the joint project that take into account the expenses of salaries, equipment and supplies, on-the-job supervision, and classroom instruction.

—Agree to explore what post-secondary careers are available or could be developed to train the paraprofessional workers, including how much training could lead to the acceptance of professional credentials.

—Agree to develop a system for potential career advancement for paraprofessional workers.

—Negotiate an agreement between the CETA Prime Sponsor and Title XX agency that includes joint career development responsibilities for the paraprofessional workers and the provision of classroom instruction.

—Maintain accounts that track Title XX training expenses directly to each CETA subsidized position to avoid audit problems.

Opportunity 22: A Co-located CETA/Social Services Support Unit

Issues Facing CETA & Title XX

One of the five national goals of Title XX is self-support for clients. State social services programs are required to provide at least one self-support service in each geographic area of the state. In response to this requirement states can make available a variety of self-support services, such as:

—employment

—education and training

—health services

—legal services

—money management services

—housing services

—day care

—transportation.

(Not all of these services are offered in every state.) CETA Prime Sponsors provide many similar services to the same client population as Title XX. The extensive use of CETA resources for supportive services increases "cost-per-placement", a key performance measure for the Prime Sponsor.

How Coordination Can Help

With the development of a joint CETA/Title XX supportive services unit mutual clients would have better access to a greater mix of services. Title XX could finance many support services, up to the point that a client is placed in employment. If the Title XX client then becomes ineligible for certain social services due to his increased income status, CETA could still maintain certain needed supportive services for at least 30 days after the client becomes employed.

How It Might Work

The Title XX agency and CETA Prime Sponsor can explore the use of a common facility for intake and counseling which might be located in a neighborhood with large numbers of unemployed persons and/or welfare recipients. A possible staffing pattern for the facility could include AFDC eligibility workers, a Title XX family counselor, a CETA vocational counselor, and a Title XX social services resources coordinator.

The service facility could be donated by a public agency or by a private entity, e.g., a neighborhood school, church or recreational center. Management of the services units could be performed by a joint CETA/Title XX appointed director. The CETA and Title XX staff could operate as a team, utilizing common intake of clients and joint case management techniques for clients needing multiple services. Before the services unit became operational, staff training sessions could be undertaken to assure that each team member understood his role, responsibilities, and relationship with the other staff members. Likewise, the CETA Prime Sponsor and Title XX agency could develop procedures for communication with and accountability for the co-located support unit personnel as specified in a formal interagency agreement.

How Title XX Can Benefit

—Integrated staff increases Title XX clients' access to CETA.

—Staffing costs are less than if the center was funded entirely by Title XX.

—Combined staff makes service delivery in inner city neighborhoods and less populated rural areas economically feasible.

How CETA Can Benefit

—CETA can lower its "cost-per-placement" by having the Title XX agency provide many CETA supportive services.

—CETA clients eligible for Title XX services are given greater access to those services in co-located CETA/Title XX facilities.

Risks to Title XX

—That competent professional staff may not want to work in rural or inner-city areas.

—That CETA staff will have different work priorities than Title XX staff, making integrated services under a single manager unworkable.

Risks to CETA

—None apparent.

How to Reduce the Risks

—Agree on what services will be made available to common clients and assure those clients first priority in receiving services.

—Agree that the center manager will have authority to supervise the joint Title XX/CETA staff, while agreeing that program authority will be retained by the respective agencies.

—Agree to grant service workers special incentives, e.g., special stipends for education and conferences, special recognition leading to job promotion, etc., for working in a rural or inner-city facility.

—Agree to keep central office middle-management and program specialists fully informed of the integrated service unit concept; this action would help avoid the risk that Title XX and CETA central office staff might countermand the service center manager's instructions to his staff.

—Agree on what reports the center manager and his staff are required to provide the Title XX agency and CETA Prime Sponsor before center operations begin.

Opportunity 23: Youth Employment Program for Marginal School Attendees and Dropouts

Issues Facing CETA & Title XX

In some communities, particularly inner-city areas, there exists a large population of unemployed youth. Many of these youth are school dropouts or youth who attend school only sporadically. Counseling and work experience are needed to make their education more relevant and attractive for job pursuits. The effectiveness of Title XX youth counseling is hampered by not having sufficient outlets of meaningful work experience for young people so they may gain self-confidence at work and a positive self-image at school. Many CETA Prime Sponsors would like to expand their youth employment programs but find the associated costs of youth counseling to be too expensive.

How Coordination Can Help

In some states private youth service agencies provide youth counseling and recreational services programs that are funded through Title XX purchase of service contracts. These agencies have joint projects with high schools to keep teenagers in school and to serve dropouts. What many of these youth lack are jobs that would give them the incentive to continue their education. Youth services agencies have no resources to subsidize meaningful jobs for youth that relate to their counseling program or to high school education. CETA can provide these resources.

How It Might Work

Often, a neighborhood-based youth services organization (e.g., a community mental health center) is best equipped to reach out and enroll young people into counseling and work experience. The Title XX agency can purchase youth counseling services from that type of organization while the CETA Prime Sponsor can subcontract with the youth services organization for work experience. The youth services organization can help teenagers get jobs in public agencies or private nonprofit organizations and can subcontract with these employers to provide CETA-subsidized work experience for youth. The youth counseling and work experience program can operate year-round.

Either an informal arrangement or a non-financial agreement can be established among the Title XX agency, CETA Prime Sponsor, youth services organizations, and the neighborhood high school. This could assure proper interagency communications in targeting services to individual school dropouts and sporadic attendees.

How Title XX Can Benefit

—Title XX's record in counseling youth to undertake work experience and to complete their education would be improved.

—Title XX eligible youth who have completed their high school and work experience programs would have a greater chance to obtain permanent employment.

How CETA Can Benefit

—Support services to youth (e.g., counseling, sheltered workshops, job recruitment) are high cost items for CETA; Title XX can relieve CETA of these costs so it can concentrate resources on employment for youth.

—CETA could be serving a significant segment (youth) as well as serving AFDC recipients, assuming that this latter category is designated by the Prime Sponsor to be "most in need."

Risks to Title XX

—That CETA would set limitations on its work experience funds to focus on summer rather than full-year youth employment.

—That the CETA Prime Sponsor would limit work experience funding to certain types of employment (e.g., in public agencies only) and thereby exclude many work sites where youth would feel comfortable working (private non-profit recreational centers, etc.).

Risks to CETA

—That more CETA monies would be allocated for youth than for other significant segments, causing an imbalance toward youth to the detriment of other unemployed persons.

—That there would not be a significant number of positive terminations, i.e., placement of youth in on-going unsubsidized jobs.

How to Reduce the Risks

—Convene the administrators of all programs involved in the project, (CETA, Title XX, the youth service provider and the high school) and involve them in all planning phases of the project from the start.

—Agree to what counseling services are to be provided and determine how these relate to the individual youth's family, school, and work site.

—Survey work sites and agree where CETA funds can be used.

—Develop a committee whose members include representatives of Title XX, CETA, the youth services unit, and the school for the purpose of maintaining interagency communications.

Opportunity 24: Comprehensive Employment and Family Services

Issues Facing CETA & Title XX

Family and personal problems are often a cause of poor job performance or inability to obtain and hold a job. Many Title XX clients with family and personal problems need to be assured that they can be successfully trained and employed while family problems are being resolved. Because CETA often lacks resources to handle such problems Prime Sponsors exclude many applicants with personal problems who nonetheless possess a high skill and capability potential.

How Coordination Can Help

Title XX agencies are oriented toward helping clients to resolve family and personal problems that may impede the ability to become self-supporting. CETA's program focus is toward employment, getting a person trained and employed. if CETA/Title XX services were combined to meet the needs of mutual clients, both programs would gain a wider range of services which could lead to a higher degree of success.

How It Might Work

The local administrators of the CETA and Title XX programs can agree to supply each other with lists of the kinds of services they both offer to mutually eligible clients and how such services are provided. CETA and Title XX can agree to make services available to mutual clients on a functional basis: Title XX might supply family case work and social services, while CETA might supply manpower training and employment services. CETA and Title XX would agree on client eligibility standards for persons who want comprehensive employment and family services. The individual programs would perform a case assessment on each client and jointly decide, in consultation with the client, what service plan is appropriate. The individual service plan would offer assurances to the client that he or she will continue to receive services while in training and after the client is placed in a job. The case would be terminated when the client can sustain adequate employment and no longer needs specialized services, e.g., family counseling or substance abuse therapy. If the client's salary makes him ineligible for needed services under CETA or Title XX, the Title XX agency can use its information and referral capability to secure other community resources.

How Title XX Can Benefit

—More Title XX clients would obtain the means to become self-supporting.

—Title XX programs would be able to offer employment and training services to many of their clients.

How CETA Can Benefit

—CETA could enroll and more successfully serve a type of client previously considered too risky to include in the program.

—CETA could be serving more clients who fit the "most-in-need" category and who represent significant segments of the disadvantaged population.

—CETA could gain the capacity to see manpower services from a broader perspective that includes an individual's family life.

Risks to Title XX

—That CETA would improperly assess a mutual client's capacity to succeed in training and exhibit an unwillingness to continue services to clients who face extensive family and personal problems.

—That the services CETA provides are too short in duration to enable a mutual client to gain sufficient self-confidence to cope with both his family and employment environments.

—That client record confidentiality would not be safeguarded.

Risks to CETA

—That Title XX would fail to help an individual client to resolve his family or personal problems, thus jeopardizing the client's ability to continue training without disruption.

—That a client's poor performance would lower an employer's confidence in CETA's ability to supply reliable trainees.

—That at the completion of CETA's subsidy for training and employment, a client will drop out of employment because Title XX will withdraw needed support services, e.g., family counseling, making employment less palatable than welfare.

How to Reduce the Risks

—Agree what services will be available to mutual clients from each agency and at which point such services will be offered or withdrawn.

—Agree to develop a joint services plan in consultation with the client so that both agencies and the client know what services will be offered when and for how long.

—Agree that CETA will work with the Title XX caseworker and client to specify what performance will be required of the client in training and what options will be available to him or her when family crises arise that disrupt this training.

—Agree as to how client records are to be safeguarded.

—Agree that CETA will mediate employer dissatisfaction with a particular client if poor job performance arises from time to time.

—Agree that the CETA counselor and Title XX caseworker will meet regularly together and with the client to discuss a client's progress in the joint program.

—Agree to assure the client that needed services will not be cut off and that all records and services provided will be kept confidential so as not to jeopardize his relationship with his employer.

Opportunity 25: Joint Title XX/CETA Staff Training Workshops to Establish Effective Interprogram Communication

Issues Facing CETA & Title XX

Even though Title XX and CETA often provide similar services and have common clients in the same community, there appears to exist little communication between their programs. Inconsistent contact between staffs at the planning, administrative and operational levels leads to duplication of effort, e.g., more services in a particular area then needed, or a lack of information about resources available to clients from other sources.

How Coordination Might Help

Coordination can be most effective when there exists consistent levels of communication among program counterparts: Title XX planners with CETA planners; Title XX administrators with CETA directors; Title XX program providers with CETA sub-contractors. Good interprogram communication among planners, for example, might help avoid a common error of having two programs train people to fill the same job openings. At the administrative level, there exists a need for Title XX and CETA administrators to instruct and encourage their respective provider agencies to coordinate their services. At the operational level good interprogram communication can assure the effective exchange of information about each other's resources and the adequate referral of clients to use these resources.

How It Might Work

An agreement can be reached between Title XX and CETA administrators in each jurisdiction to conduct regular joint staff training workshops for program counterparts. The agreement should specify which groups are to be trained, where and when, and who will be responsible for developing training materials. It should also include how joint program communications might be established, e.g., through formal memoranda, informal telephone contacts, regular joint administrative or planning staff meetings, etc. The staff training costs would be shared by both agencies.

How Title XX Can Benefit

—Title XX planners can acquire new data and information for needs assessment.

—Title XX administrators can better establish priorities for the provision of services to clients knowing that they can receive certain services from CETA rather than through the social services program.

—Title XX service providers can have better access to CETA services, making client referral more practical.

How CETA Can Benefit

—CETA Prime Sponsors can have better access to persons most familiar with "most-in-need" clients and the services they need.

—CETA staff can refer their clients to particular Title XX service workers who are cross-trained rather than making general referral to the Title XX agency.

Risks to Title XX

—That the CETA Prime Sponsor would reduce the number of training sessions once they start because too much CETA staff time is being consumed in other types of training activities.

—That CETA/Title XX training would add to the administrative costs of Title XX.

Risks to CETA

—That the Title XX staff is considerably larger than CETA's, meaning that many Title XX staff will not be included in training and thus remain poorly informed about CETA.

—That CETA cannot afford the staff time and administrative costs for training.

How to Reduce the Risks

—Examine joint staff training needs for each program.

--Determine the time and expense of conducting training sessions.

—Agree on what training is to be provided, to whom, and by whom.

—Develop a realistic training schedule, taking into account the need to maintain flexibility, should one or the other program have an emergency need or crisis.

How to Reduce the Risks

—Examine joint staff training needs for each program.

—Determine the time and expense of conducting training sessions.

—Agree on what training is to be provided, to whom, and by whom.

—Develop a realistic training schedule, taking into account the need to maintain flexibility should one or the other program have an emergency need or crisis.

Opportunity 26: Needs Assessment

Issues Facing CETA & Title XX

In developing its annual services plan, every state Title XX agency must undertake an assessment of the needs for services it plans to make available. Needs assessment must take into account all residents in all geographic areas in the state. The Title XX agency must describe how the needs assessment was undertaken, including the data sources used and the public and private organizations consulted, and must further describe the manner in which the needs assessment influences the annual service plan development. Every CETA Prime Sponsor must specify in its comprehensive manpower plans what significant segments of the population (e.g., aged, youth, veterans) are to be served in its programs and must maintain records to determine the extent to which the CETA program has met the special needs of those groups.

How Coordination Can Help

In many instances, the Title XX agency and each CETA Prime Sponsor must obtain identical statistical information for needs assessment, e.g., the number of persons on public assistance, location of poverty areas, economic outlook and projected demand for services. These agencies often approach the same data sources, e.g., the U.S. Census Bureau, social planning agencies, Social Security Administration, and state employment offices. They consult with the same private agencies, such as United Way, Urban League, and community action agencies. Coordination could lead to a more systematic approach to needs assessment that would enable both the Title XX Agency and the CETA Prime Sponsor to collect and use current data for reassessing each program's service priorities.

How It Might Work

In conducting its needs assessment both agencies must develop the means to collect timely statistical information that will give a proper profile of community needs. Where Title XX and CETA share common service jurisdictions both agencies might contract with a regional planning agency, e.g., Council of Government, for needs assessment. Another option is to perform the study in-house using joint staff.

First, the staff must collect statistical data giving social indicators of need, e.g., number of unemployed, number of AFDC single female heads of household with dependent children, number of residents potentially eligible for CETA and Title XX services. As a second phase of needs assessment, CETA and Title XX can survey a sample of CETA and Title XX eligible clients to determine what services they feel are most lacking, and what gaps in service could be filled by CETA and Title XX. A third phase of the needs assessment project can be to undertake a joint inventory of services existing in the community and determine how the inventory can be used to enhance information, referral and utilization of these services by CETA and Title XX clients.

On the basis of the inventory of resources and the sample of client service needs, CETA and Title XX planners can propose changes in program priorities and services to meet mutual client needs. These proposed changes can be weighed against the felt needs of the community. Both agencies can conduct public hearings so that community organizations and citizens might review the agencies' assessment of need and future service priority.

Changes in the state's annual services plan and CETA manpower plans can reflect an assessment of need based upon a statistical compilation of social indicators of demand, a sample of client service needs, an inventory of community resources, and a community review of agency services and priorities.

How Title XX Can Benefit

—The Title XX agency could improve its capacity to gather accurate information to forecast the need for the services it makes available to its clients.

—A joint-funded needs assessment project would reduce the cost of conducting this necessary activity.

How CETA Can Benefit

—A data base compatible with Title XX can enable CETA to gain an accurate assessment of its "most-in-need" population and an accurate count of the significant segments within it.

—Joint needs assessment could allow CETA to set its service priorities in conjunction with Title XX, though each could set different client priorities if desired.

Risks to Title XX

—That a local needs assessment conducted with CETA would be incompatible with the criteria set by the state Title XX agency.

—That the CETA Prime Sponsor needs assessment requirements do not take into account the broader range of service needs of Title XX, e.g., providing protective services to children, foster care services, etc.

Risks to CETA

—That Title XX will not involve its staff in an in-depth needs assessment because its priorities are really set by the state agency or legislature.

How to Reduce the Risks

—Explore jointly what needs assessment activities are required.

—Determine what additional data each local program must obtain to operate effectively.

—Develop a written argreement specifying the operational procedures for conducting a joint needs assessment project.

—Develop a work plan outlining the steps to be taken, what staff resources will be needed, and when each action step will be completed.

Opportunity 27: Human Resources Planning

Issues Facing CETA & Title XX

Title XX and CETA have transferred program authority from the Federal government to state and local jurisdictions. The constraints of categorical funding have been lifted, allowing jurisdictions greater flexibility to design their own programs. Other Federally-funded programs, e.g., community development and health resources, are also moving in this direction. In short, there are now relatively few Federal statutory and regulatory constraints on state and sub-state human services planning and organization. The constraints now existing at the state and sub-state levels are often historical practices established in response to former Federal requirements.

State and local jurisdictions, particularly CETA and Title XX, have the means to eliminate many of these barriers and have the flexibility to develop an integrated human resources planning system.

How Coordination Can Help

The state Title XX agency and each CETA Prime Sponsor expend considerable resources on planning. Since both programs could serve the same client population and provide it with many similar services, there exists an obvious need for the programs to communicate with one another in a systematic fashion. The establishment of a continuous planning process could lead in the short run to better data exchange and in the long run to integrated planning.

How It Might Work

There exist several options for the development of an integrated planning system. The state Title XX agency and state CETA Prime Sponsor might designate a certain geographic area, e.g., a multi-county planning district served by a sub-state Council of Governments, as a pilot project. A local CETA Prime Sponsor, particularly a consortium, might join forces with a local Title XX district office.

Another option would be to develop a state and sub-state integrated human service planning system by phases. First, either by executive order or by legislative action, common planning boundaries might be established for CETA, Title XX and other programs under the state's jurisdiction. Second, the program year for the state's Title XX program could be changed, if necessary, to correspond to that of CETA. (However, CETA is required to run on the Federal fiscal year. Changing Title XX and other state human service programs to the Federal fiscal year might put these programs out of phase with the state's budgetary planning cycle and fiscal year.) Third, an integrated data base, including a joint computerized management information system, could be developed. Last, a common planning timetable, including reporting, needs assessment, program evaluation and budget planning, could be developed so that the planning steps of each program are complementary and in phase with one another. These steps could be taken concurrently or progressively as the need and resources permit.

An excellent resource for initiating a pilot project or for investigating how an integrated planning system might be developed would be the special CETA grant monies allocated to the Governor. The actual operations of the planning system, including its parts (needs assessment, common data management, evaluations, etc.) could be financed through Title XX so long as it is directly related to the administration and provision of Title XX services. Other allied service planning resources may be available, such as HUD-Title IV community planning assistance grants, general revenue sharing monies, health resources, and LEAA planning grants. All these services could benefit from an integrated planning system, but would have to pay for a proportionate share of the planning costs.

How Title XX Can Benefit

—The state Title XX agency would have access to additional resources for the development of its Comprehensive Annual Services Program (CASP) plan.

—The expenses for planning, needs assessment, and evaluation may be reduced.

—The coordination of the Title XX program to related human services programs would be improved.

How CETA Can Benefit

—CETA can be able to influence the development of the state's Title XX services plan to ensure the availability of needed social services to manpower clients.

—CETA can take into account resources outside CETA to meet the needs of CETA participants and can gain assistance in setting priorities.

Risks to Title XX

—That the progress of developing an integrated planning system will be so slow that Title XX will have to proceed independently.

—That the priorities of such planning mechanisms as regional Councils of Governments will differ from those of the Title XX agency, causing friction and delay in CASP plan development.

Risks to CETA

—That CETA will become involved with human service issues not directly pertinent to employment and training, thus lessening the impact of CETA.

—That the issues and steps involved in developing an integrated planning system are too complex for CETA as well as the other programs to handle.

—That CETA will lose some of its program authority for planning and setting priorities for services.

How to Reduce the Risks

—Agree to conduct a careful feasibility study and develop a realistic plan for establishing a human resources planning system before either Title XX or CETA commits its resources to undertake this project.

—Inform the chief elected officials about the risks of rushing into such a project too hastily, and involve them from the start in the planning process.

—Develop the means to establish the system in phases or on a pilot basis so as to not jeopardize the operations of the individual programs.

—Agree to proceed without delay to execute agreed-upon plans while keeping program staff, clients, and the community at large fully informed about the implications of the system and what is required to make it successful.

Chapter Eight

Health Program Summary

"Health", as utilized in this guide, refers to that grouping of programs funded by the Department of Health, Education, and Welfare that relate to the organization, delivery and financing of medical services and health care. There are over forty such programs separately identified in the OMB Catalog of Federal Domestic Assistance. For purposes of this guide, twenty-eight health programs were selected to illustrate the range of commonalities and possible agreements between HEW-funded health program grantees and CETA. The table on the next page lists those HEW-funded health-related programs, including those selected for this guide. These were the programs judged most likely to maintain joint arrangements with CETA based upon an analysis of the existence of current and potential agreements between manpower and health programs. However, the exclusion of some programs does not signify that some mutual cooperation is not possible, depending upon specific situations existing at program operation levels. Indeed, many of the grantees of excluded programs may have interests and capabilities for coordination with CETA similar to the grantees described in this guide.

To facilitate comparisons with CETA, each health program included in this guide was analyzed in relationship to the major features of CETA. Potential commonalities between CETA and HEW-funded health programs are charted in the accompanying exhibit. These are intended only to highlight similarities and differences among these programs as a starting point to identify potential opportunites for cooperative arrangements. Every administrator should examine the actual commonalities between the two programs in detail and within the context of the local situation.

Detailed one-page program descriptions follow the exhibits. Throughout the guide, all programs are referred to by their assigned number in the 1975 Catalog of Federal Domestic Assistance.

The range of programs funded by HEW can be categorized for purposes of descriptive analysis into 4 types: health *planning*, health *manpower*, health *service*, and health *financing*. These types refer to the primary purpose or activity of that particular program. However, Prime Sponsors should be aware that any given health program may also incorporate other subordinate activities that nevertheless may be an important part of a cooperative agreement. For example, health *service* programs may also include significant planning and manpower training components.

The only specific HEW-funded health planning program is that created by P.L. 93–641, the National Health Planning and Development Act. Implementation of a new decentralized system of health planning for control over the structure and level of health service delivery (to replace the existing comprehensive health planning system) is currently taking place under HEW supervision. Approximately 200 areawide Health Systems Agencies will be established throughout the U.S., replacing existing Comprehensive Health Planning bodies, Regional Medical Programs, and Hill-Burton agencies. These Health Systems Agencies are being designated and funded by HEW and will have broad powers including review and approval of many HEW health facility construction, health manpower training and health service programs. Also created are State Health Coordinating Councils (SHCC's) with responsibilities for statewide planning for needs of health services.

HEW-funded health manpower programs are designed to maintain and improve the capability of the health service delivery system by assuring an appropriate supply of trained personnel. Most of these programs have attempted to achieve this purpose by strengthening training institutions (hospitals and medical schools) through various forms of financial assistance. However, general institutional support programs are being de-emphasized by HEW with increasing emphasis being placed upon efforts targeted upon special health manpower problems such as geographic distribution, affirmative action and subprofessional utilization.

The general purpose of HEW-funded health service programs is the maintenance and improvement of the health service delivery system for specific target groups or important services. With the exception of the Indian Health Service (the only HEW health program providing direct services), all the health service programs included in our analysis are oriented to the building of local capability to provide service. As such, many of these programs also contain manpower training components. Most of these programs have the stated goal of eventual self-sufficiency of their grantees, with gradual decline of Federal support.

Medicaid is one of two HEW-funded health financing programs (Medicare is the other). The Medicaid program finances the provision of medical care to all individuals who qualify for public assistance and, in some states, "medically needy" individuals with incomes up to 133% above public assistance levels.

Below, some of the major features of CETA are analyzed in comparison with HEW health programs. These generalizations should be read together with the appropriate exhibits at the end of this chapter and interpreted in the context of the local situation.

TABLE 1: HEW-administered Health-related Assistance Programs
(Source: 1975 Catalog of Federal Domestic Assistance)

Health Manpower

13.104	Food Research Training Grants
13.106	Radiological Health Training Grants
13.225	Health Services Research and Development—Fellowships and Training
13.227	Health Statistics Training and Technical Assistance
13.233*	Maternal and Child Health Training
13.238*	Mental Health—Hospital Staff Development Grants
13.241	Mental Health Fellowships
13.244*	Mental Health Training Grants
13.260*	Family Planning Services—Training Grants
13.263	Occupational Safety and Health Training Grants
13.270	Alcohol Fellowships
13.274*	Alcohol Training Programs
13.276	Drug Abuse Fellowships
13.280*	Drug Abuse Training Programs
13.287*	Grants for Training in Emergency Medical Services
13.288	National Health Service Corps Scholarship Program
13.305*	Allied Health Professions—Special Projects
13.319	Training in Expanded Auxiliary Management
13.320	Continuing Dental Education Grant Program
13.339	Health Professions—Capitation Grants
13.342*	Health Professions—Student Loans
13.359*	Nurse Training Improvement—Special Projects
13.364*	Nursing Student Loans
13.370	Schools of Public Health—Grants
13.375	Minority Biomedical Support
13.379	Family Medicine—Training Grants
13.380*	Health Manpower Education Initiative Awards
13.383*	Health Professions—Special Projects
13.384	Health Professions—Startup Assistance
13.398	Cancer Research Manpower

Health Services

13.210*	Comprehensive Public Health Services—Formula Grants
13.211	Crippled Children's Services
13.217*	Family Planning Projects
13.224*	Health Services Development—Project Grants
13.228*	Indian Health Service
13.232	Maternal and Child Health Services
13.235*	Drug Abuse Community Service Programs
13.237	Mental Health—Hospital Improvement Grants
13.240*	Mental Health—Community Mental Health Centers
13.246*	Migrant Health Grants
13.251*	Alcohol Community Service Programs
13.252*	Alcohol Demonstration Programs
13.254*	Drug Abuse Demonstration Programs
13.256	Health Maintenance Organizations
13.257*	Alcohol Formula Grants
13.258	National Health Service Corps
13.259	Mental Health—Children's Services
13.261*	Family Health Centers
13.269*	Drug Abuse Prevention Formula Grants
13.284	Emergency Medical Services
13.630	Developmental Disabilities—Basic Support
13.631	Developmental Disabilities—Special Projects
13.632	Developmental Disabilities—Demonstration Facilities and Training
13.714*	Medical Assistance Program
13.800	Medicare—Hospital Insurance
13.801	Medicare—Supplementary Medical Insurance

*Programs included in this guide.

Purposes

Both CETA and health manpower programs provide training for jobs. However, HEW-funded manpower programs are oriented specifically to the development of manpower resources through education to meet the demand for health care, and CETA is primarily concerned with the employability of the individual. Few of the health manpower programs provide employment opportunities for their students.

HEW health service programs and CETA share a similar purpose of enhancing the capability of the individual to function effectively in the community through the provision of important, if different, services. These service programs, however, are oriented to strengthening the capabilities of the health service system in terms of accessibility and quality of care as opposed to the CETA emphasis on the individual.

Though not specifically designed to serve the disadvantaged, enabling legislation and HEW regulations provide incentives for many HEW health programs to overcome financial, educational and social barriers to access for the disadvantaged to health training and health service delivery. Thus Prime Sponsors and HEW health program grantees may share a special concern for the disadvantaged.

Grantee Eligibility

CETA Prime Sponsors are eligible for grants and contracts under HEW health programs, with the exceptions of the HEW formula grant programs for which only state agencies are eligible and the student loan program and certain training programs which can only be awarded to eligible educational institutions. In reality, HEW health manpower grantees are usually post-secondary educational institutions or affiliated training institutions such as hospitals, and HEW health service grantees are usually local public or private, nonprofit agencies. It is not uncommon for a public agency to be a joint CETA HEW grantee, though the lead agencies (Public Health Department, Office of Manpower) may be different. Private nonprofit groups are eligible CETA Title III grantees and may also be HEW health program grantees, such as in the migrant health program.

Activities and Services

All HEW health manpower programs and some health service programs involve some component of planning for health manpower needs or the development of resources for manpower training through funding of research, curriculum development and innovative training programs. Unlike CETA, much planning responsibilty is centralized within HEW; however, individual grantees must assess needs and resources on a local level as does CETA. There is, therefore, a common interest in the sharing of such planning information between the Prime Sponsor and the HEW grantee.

Classroom and on-the-job training (internships) are offered by HEW health manpower programs, usually in an educational institution. Certain HEW health service programs also authorize training to meet their manpower needs. Financial assistance to trainees or students is an aspect of some health manpower and health service-sponsored training programs. Special projects for outreach, pre-training educational services and eventual placement may also be funded under certain programs. Supportive services may be provided to students or trainees though none of the HEW programs have the service flexibility characteristic of CETA.

Participant Eligibility and Target Groups

With few exceptions, there are no financial or residency requirements for eligibility imposed by HEW health programs comparable to those of CETA. Under CETA criteria most CETA participants would also be eligible for HEW health programs. However, additional criteria such as educational level and physical or mental impairment may exclude CETA participants from health programs.

Many HEW health programs have legislatively designated target groups in addition to administratively imposed service priorities. Since CETA target groups are specified at the discretion of the Prime Sponsor, possibilities for common target groups for both the HEW grantee and the Prime Sponsor will be dependent upon the local situation.

Plan Review and Advisory Groups

Like CETA, HEW health program grantees must submit a plan or proposal to receive funds. Proposals from health manpower grantees are generally approved at the national level, usually in conjunction with a national advisory council, after Regional Office review. There is an exclusively national orientation of the mandated advisory groups to these programs.

Most HEW health service program proposals and plans undergo extensive local, state and regional review. However, with few exceptions advisory groups are also nationally oriented.

Many manpower and service projects funded by HEW will be reviewed and approved by the Health Systems Agencies once the National Health Planning and Resource Development Act (PL 93–641) is implemented.

Table 2: Purposes

HEW Program / **Purposes of CETA**	Provide Job Training and/or Employment Opportunities	Provide Service to the Disadvantaged	Provide Services to Enhance Self-sufficiency	Establish Flexible & Decentralized Programs
Health Planning Programs				
PL 93-641: Health Systems Agencies				●
Health Manpower Programs				
13.233 Maternal & Child Health Training	●			
13.238 Mental Health—Staff Development Grants	●			
13.244 Mental Health Training Grants	●	●		
13.260 Family Planning Services—Training Grants	●			
13.274 Alcohol Training Programs	●			
13.280 Drug Abuse Training Programs	●			
13.287 Grants for Training in Emergency Medical Services	●			
13.342 Health Professions—Student Loans	●	●		
13.364 Nursing Student Loans	●	●		
13.305 Allied Health Professions—Special Project Grants	●	●		
13.359 Nurse Training Improvement—Special Project Grants	●	●		
13.380 Health Manpower Education Initiative Awards	●	●		
13.383 Health Professions—Special Projects	●	●		
Health Service Programs				
13.210 Comprehensive Public Health Services—Formula Grants	●	●	●	●
13.217 Family Planning Projects		●		
13.224 Health Services Development Project Grants	●	●	●	
13.228 Indian Health Service	●	●	●	
13.235 Drug Abuse Community Service Programs		●	●	
13.254 Drug Abuse Demonstration Programs		●	●	
13.269 Drug Abuse Prevention Formula Grants				●
13.240 Community Mental Health Centers		●	●	●
13.246 Migrant Health Grants	●	●	●	
13.251 Alcohol Community Service Programs		●	●	
13.252 Alcohol Demonstration Programs		●	●	
13.257 Alcohol Formula Grants		●	●	●
13.261 Family Health Centers		●	●	
13.714 Medicaid		●	●	●

● Indicates similarities between programs that might form the basis for cooperative agreements.

Table 3: Grantees and Program Operators

HEW Program	**Eligibility for CETA Funds**			**Usual CETA Program Operators**		
	City or County Governments	State Governments	Public or Private Non-Profit Organizations (Title III only)	State and Local Public Agencies	Public or Private Education and Training Institutes	Private Organizations
Health Planning Programs						
PL 93-641: Health Systems Agencies	●	●	●	●		●
Health Manpower Programs						
13.233 Maternal & Child Health Training		●	●		●	
13.238 Mental Health—Staff Development Grants		●		●		
13.244 Mental Health Training Grants	●	●	●	●	●	●
13.260 Family Planning Services—Training Grants	●	●	●		●	●
13.274 Alcohol Training Programs	●	●	●		●	
13.280 Drug Abuse Training Programs	●	●	●		●	
13.287 Grants for Training in Emergency Medical Services	●	●	●		●	
13.342 Health Professions—Student Loans			●		●	
13.364 Nursing Student Loans			●		●	
13.305 Allied Health Professions—Special Project Grants	●	●	●		●	●
13.359 Nurse Training Improvement—Special Project Grants	●	●	●		●	●
13.380 Health Manpower Education Initiative Awards	●	●	●	●	●	●
13.383 Health Professions—Special Projects	●	●	●		●	
Health Service Programs						
13.210 Comprehensive Public Health Services—Formula Grants		●		●		●
13.217 Family Planning Projects	●	●	●			●
13.224 Health Services Development—Project Grants	●	●	●	●		●
13.228 Indian Health Service						
13.235 Drug Abuse Community Service Programs	●		●	●		●
13.254 Drug Abuse Demonstration Programs	●	●	●	●		●
13.269 Drug Abuse Prevention Formula Grants		●	●	●		
13.240 Community Mental Health Centers	●		●	●		●
13.246 Migrant Health Grants	●	●	●	●		●
13.251 Alcohol Community Service Programs	●		●	●		●
13.252 Alcohol Demonstration Programs	●	●	●	●		●
13.257 Alcohol Formula Grants		●		●		
13.261 Family Health Centers	●	●	●	●		●
13.714 Medicaid		●		●		

● Indicates similarities between programs that might form the basis for cooperative agreements.

Table 4: Activities and Services **HEW Program** / **CETA Authorized Activities and Services**	Manpower Planning and Resource Development	Manpower Services	Financial Assistance to Participants	Manpower-Related Services	Supportive Services
Health Planning Programs					
PL 93-641: Health Systems Agencies	●				
Health Manpower Programs					
13.233 Maternal & Child Health Training	●	●	●	●	
13.238 Mental Health—Staff Development Grants	●	●			
13.244 Mental Health Training Grants	●	●	●	●	●
13.260 Family Planning Services—Training Grants	●	●	●	●	
13.274 Alcohol Training Programs	●	●	●	●	●
13.280 Drug Abuse Training Programs	●	●	●	●	●
13.287 Grants for Training in Emergency Medical Services	●	●		●	
13.342 Health Professions—Student Loans	●	●	●	●	
13.364 Nursing Student Loans	●	●	●	●	
13.305 Allied Health Professions—Special Project Grants	●	●		●	●
13.359 Nurse Training Improvement—Special Project Grants	●	●	●	●	●
13.380 Health Manpower Education Initiative Awards	●	●	●	●	●
13.383 Health Professions—Special Projects	●	●	●	●	●
Health Service Programs					
13.210 Comprehensive Public Health Services—Formula Grants	●	●		●	●
13.217 Family Planning Projects					●
13.224 Health Services Development—Project Grants	●	●		●	●
13.228 Indian Health Service	●	●	●	●	●
13.235 Drug Abuse Community Service Programs				●	●
13.254 Drug Abuse Demonstration Programs				●	●
13.269 Drug Abuse Prevention Formula Grants	●			●	●
13.240 Community Mental Health Centers				●	●
13.246 Migrant Health Grants	●	●		●	●
13.251 Alcohol Community Service Programs				●	●
13.252 Alcohol Demonstration Programs				●	●
13.257 Alcohol Formula Grants	●			●	●
13.261 Family Health Centers				●	●
13.714 Medicaid					●

● Indicates similar activities and services that might form the basis for cooperative agreements.

Table 5: Participant Eligibility and Target Groups

HEW Program	CETA Participant Eligibility Requirements		Special Eligible CETA Target Groups					
	Economically Disadvantaged, Unemployed or Underemployed	Residency	Limited English Speaking or Migrants	Individuals with Health-Related Handicaps	Veterans	Educationally Disadvantaged	Minority Groups	Economically Disadvantaged
Health Planning Programs								
PL 93-641: Health Systems Agencies								
Health Manpower Programs								
13.233 Maternal & Child Health Training								
13.238 Mental Health—Staff Development Grants				●				
13.244 Mental Health Training Grants				●			●	
13.260 Family Planning Services—Training Grants								
13.274 Alcohol Training Programs				●				
13.280 Drug Abuse Training Programs								
13.287 Grants for Training in Emergency Medical Services								
13.342 Health Professions—Student Loans	●						●	●
13.364 Nursing Student Loans	●						●	●
13.305 Allied Health Professions—Special Project Grants					●	●	●	●
13.359 Nurse Training Improvement—Special Project Grants			●			●	●	●
13.380 Health Manpower Education Initiative Awards			●		●	●	●	●
13.383 Health Professions—Special Projects						●	●	●
Health Service Programs								
13.210 Comprehensive Public Health Services—Formula Grants				●				●
13.217 Family Planning Projects								●
13.224 Health Services Development—Project Grants								●
13.228 Indian Health Service		●					●	
13.235 Drug Abuse Community Service Programs				●				
13.254 Drug Abuse Demonstration Programs				●				
13.269 Drug Abuse Prevention Formula Grants				●				
13.240 Community Mental Health Centers		●		●				●
13.246 Migrant Health Grants			●					●
13.251 Alcohol Community Service Programs				●				
13.257 Alcohol Demonstration Programs				●				●
13.25 Alcohol Formula Grants				●				
13.261 Family Health Centers	●							●
13.714 Medicaid	●	●						

●Indicates similarities between programs that might form the basis for cooperative agreements

Table 6: Key CETA Performance Measures

HEW Program	Placements	Effective Expenditure of Funds	Cost Per Participant	Service to Dis-advantaged	Service to Special Target Groups
Health Planning Programs					
PL 93-641: Health Systems Agencies					
Health Manpower Programs					
13.233 Maternal & Child Health Training		●			
13.238 Mental Health—Staff Development Grants		●	●		●
13.244 Mental Health Training Grants		●			●
13.260 Family Planning Services—Training Grants		●			
13.274 Alcohol Training Programs		●			
13.280 Drug Abuse Training Programs		●			
13.287 Grants for Training in Emergency Medical Services		●			
13.342 Health Professions—Student Loans	●	●	●	●	●
13.364 Nursing Student Loans	●	●	●	●	●
13.305 Allied Health Professions—Special Project Grants		●		●	●
13.359 Nurse Training Improvement—Special Project Grants		●		●	●
13.380 Health Manpower Education Initiative Awards		●		●	●
13.383 Health Professions—Special Projects		●		●	●
Health Service Programs					
13.210 Comprehensive Public Health Services—Formula Grants			●		
13.217 Family Planning Projects		●	●	●	
13.224 Health Services Development—Project Grants		●		●	
13.228 Indian Health Service		●	●		
13.235 Drug Abuse Community Service Programs		●			●
13.254 Drug Abuse Demonstration Programs		●			●
13.269 Drug Abuse Prevention Formula Grants		●			●
13.240 Community Mental Health Centers		●			●
13.246 Migrant Health Grants		●	●		●
13.251 Alcohol Community Service Programs		●			●
13.252 Alcohol Demonstration Programs		●			●
13.257 Alcohol Formula Grants		●			●
13.261 Family Health Centers		●	●	●	
13.714 Medicaid		●	●		

● Indicates similar activities and services that might form the basis for cooperative agreements.

Table 7: Plan Review and Advisory Councils

HEW Program	CETA Plan and Levels of Review					CETA Advisory Groups		
	Required Plan or Proposal	Local Review	State Review	Regional Review	National Review	Local	State	National
Health Planning Programs								
PL 93-641: Health Systems Agencies	●		●	●	●	●	●	●
Health Manpower Programs								
13.233 Maternal & Child Health Training	●				●			
13.238 Mental Health—Staff Development Grants	●			●				
13.244 Mental Health Training Grants	●				●			●
13.260 Family Planning Services—Training Grants	●		●		●			
13.274 Alcohol Training Programs	●				●			●
13.280 Drug Abuse Training Programs	●				●			●
13.287 Grants for Training in Emergency Medical Services	●			●	●			
13.342 Health Professions—Student Loans								
13.364 Nursing Student Loans								●
13.305 Allied Health Professions—Special Project Grants	●				●			●
13.359 Nurse Training Improvement—Special Project Grants	●				●			●
13.380 Health Manpower Education Initiative Awards	●				●			●
13.383 Health Professions—Special Projects	●				●			●
Health Service Programs								
13.210 Comprehensive Public Health Services—Formula Grants	●				●			
13.217 Family Planning Projects	●	●	●	●	●			
13.224 Health Services Development—Project Grants	●	●	●	●				
13.228 Indian Health Service								
13.235 Drug Abuse Community Service Programs	●	●	●		●			●
13.254 Drug Abuse Demonstration Programs	●		●		●			●
13.269 Drug Abuse Prevention Formula Grants	●		●		●			●
13.240 Community Mental Health Centers	●	●	●	●		●	●	
13.246 Migrant Health Grants	●	●		●		●		
13.251 Alcohol Community Service Programs	●	●	●		●			●
13.252 Alcohol Demonstration Programs	●		●		●			●
13.257 Alcohol Formula Grants	●		●		●		●	●
13.261 Family Health Centers	●	●	●	●		●		
13.714 Medicaid	●		●	●				

● Denotes similarities between programs that might form the basis for cooperative agreements.

Program Title: Comprehensive Public Health Services—Formula Grants

Program Type: Health Services

OMB No.: 13.210

Program Description

Formula grants to states to assist in meeting the costs of comprehensive public health services, including training of personnel for state and local public health work. The state grantees may distribute formula grant funds to local public health agencies for support of local service delivery systems and special projects. Training grants are usually statewide in nature, though local agencies have the flexibility to conduct training also. A State Plan is required for receipt of formula grant funds.

Eligible Grantees

State health and mental health authorities. The state may grant funds to local public health agencies and other public or nonprofit organizations.

Participant Eligibility and Target Groups

No eligibility criteria specified. However, state or local public health agencies may impose certain financial and other eligibility criteria. No special target groups.

Coordination Requirements/ Possible CETA Relationships

State plans must be reviewed by the Governor as required through the A–95 process and the State Health Coordinating Councils as established by PL 93–641.

Joint training and public service projects leading to employment are possible between CETA and the local operators under this program (Opportunities 32, 35). Some operators may also be able to provide health screening examinations for CETA clients (Opportunity 36).

Planning and Coordination Relationships

Applicable Opportunities
32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	●																
Form of Assistance to Participant			●														
Grantee Match					varies 33%–66%												
HEW Agency								●									
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●			
Level of Consumer/Advisory Group Participation													●				
Level of Proposal Review/ Intergovernmental Coordination										A–95		●	●	●			
Level of Grantee														●			
Usual Program Operator														●	●		

Program Title: Family Planning Services

Program Type: Health Services

OMB No.: 13.217

Program Description

Grants are awarded to fund projects to provide voluntary family planning services. These services include contraceptive advice and services, counseling, related physical examinations and diagnostic tests. Funds may not be used for abortions. Funds may be used to supplement training projects conducted under Section 1003 of Title X of the PHS Act (see 13.260).

Eligible Grantees

Public or private nonprofit entities capable of providing family planning services.

Participant Eligibility and Target Groups

Services are available to all, but no fees will be charged for low-income families as defined in the regulations (42 CFR 59.2). There is no residency requirement. Priority is given to the provision of services to low-income families.

Coordination Requirements/ Possible CETA Relationships

Project grants must be reviewed through the A–95 process as well as by the Health Systems Agencies established by PL 93–641.

Joint training and public service projects leading to permanent, unsubsidized employment for CETA enrollees are possible between CETA, family planning projects, and grantees under the family planning training program (See 13.260 and Opportunities 32, 35). Family planning projects can also provide family planning counseling and other services to CETA enrollees (Opportunity 36).

Planning and Coordination Relationships

Applicable Opportunities
32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					varies												
HEW Agency								●									
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation													●				
Level of Proposal Review/Intergovernmental Coordination										A 95		●	●	●	●		
Level of Grantee														●	●	●	
Usual Program Operator														●	●	●	

Program Title: Health Service Development—Project Grants

Program Type: Health Services

OMB No.: 13.224

Program Description

Project grants to support public health services meeting special needs at the community level. Funds may be used for new health service programs and centers and related training. Priority is given to projects increasing accessibility of health care. The main thrust of this program is the support of centers in urban poverty areas which provide comprehensive ambulatory care (neighborhood health centers).

Eligible Grantees

A public or nonprofit private agency, institution or organization.

Participant Eligibility and Target Groups

Eligibility for free services is restricted by income requirements established in Federal regulations. Low-income families in need of health services are the special target group for this program.

Coordination Requirements/ Possible CETA Relationships

Project grants must be reviewed through the A–95 process as well as by the Health Systems agencies established by PL 93–641.

Joint training and public service projects leading to permanent unsubsidized employment for CETA enrollees are possible between the Prime Sponsor and neighborhood health centers (Opportunities 32, 35). Neighborhood health centers can also provide prepaid health services as well as physical examinations for CETA enrollees (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30, 32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant																	
Grantee Match					varies												
HEW Agency								●									
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation													●				
Level of Proposal Review/ Intergovernmental Coordination										A–95		●	●	●	●		
Level of Grantee														●	●	●	
Usual Program Operator															●	●	

Program Title: Indian Health Service

Program Type: Health Services

OMB No.: 13.228

Program Description

The Indian Health Service provides inpatient and outpatient care directly through Federal facilities and contracts with non-Federal providers. Other services including public health nursing, maternal and child health care, dental and nutritional services, psychiatric care and health education are also provided. The IHS also conducts training courses at its facilities or through educational facilities for the full range of health occupations required by the IHS. Training is provided to both IHS employees and certain Native Americans selected by tribes and tribal health boards.

Eligible Grantees

Indian Health Service provides direct services. Any health provider is eligible for service contracts with the Indian Health Service.

Participant Eligibility and Target Groups

Health services available only to Indian members of federally recognized tribes living on or near a reservation. Trainees are selected by IHS supervisors or tribes and tribal health boards.

Coordination Requirements/ Possible CETA Relationships

No specific coordination requirements. Possibilities for cooperation between the Indian Health Service and Title II Prime Sponsors are numerous. Most CETA enrollees in Title II programs near the reservation are eligible for IHS services. Pending legislation and recent court decisions would expand eligibility to urban Indians. The IHS also conducts a large health manpower program; priorities under a recently completed five-year plan include filling current vacancies in the IHS service delivery system and an affirmative action program to increase the level of Indians in IHS occupations. Recent legislation points the way for tribes to eventually take over many IHS functions. Title III Prime Sponsors will play an important role in training the manpower required for these developments.

Planning and Coordination Relationships

Applicable Opportunities
29, 30, 32, 33, 34, 35, 36

		Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	N. A.																	
Form of Assistance to Participant				●														
Grantee Match	N. A.																	
HEW Agency									●									
Level of Federal Administration													●					
Level of Plan/Proposal Origination	N.A.																	
Level of Consumer/Advisory Group Participation	N.A.																	
Level of Proposal Review/ Intergovernmental Coordination	N.A.																	
Level of Grantee	N.A.																	
Usual Program Operator	Federal Government																	

N.A.–not applicable

Program Title: Maternal and Child Health Training

Program Type: Health Manpower

OMB No.: 13.233

Program Description

Project grants to educational institutions to train personnel for health care and related services for mothers and children. These project grants are in addition to MCH training programs funded through the MCH formula grant to each state. Funds may be used for a variety of purposes: curriculum development, faculty support, supportive services, student financial aid or short-term in-service training. However, funds primarily support operations of university-affiliated mental retardation centers and training at graduate levels, though some paraprofessional training is conducted.

Eligible Grantees

Public or nonprofit institutions of higher learning.

Participant Eligibility and Target Groups

None specified in legislation or regulation though individual project grants may have educational, financial or other eligibility requirements.

Legislation specifies that special attention shall be given to programs providing training at the undergraduate level, and for persons to serve mentally retarded or multiple handicapped children.

Coordination Requirements/ Possible CETA Relationships

No specific coordination requirements for training projects. Legislation does mandate coordination with state Title XIX programs under Maternal and Child Health formula grants.

Training institutions receiving MCH funds have the capability to develop new training programs specifically for CETA in maternal and child health-related fields (Opportunity 28). Joint CETA/MCH projects are possible if the state MCH agency can predict employment opportunities with the public agencies receiving MCH funds (Opportunity 32). CETA can also provide remedial education to students entering a MCH-funded program. Also, since most grantees receiving funds under this program are university-affiliated mental retardation centers, they may have the ability to develop training programs for the mentally handicapped (Opportunity 31).

Planning and Coordination Relationships

Applicable Opportunities

28, 31, 32

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match					O												
HEW Agency								●									
Level of Federal Administration											●						
Level of Plan/Proposal Origination																	●
Level of Consumer/Advisory Group Participation																	
Level of Proposal Review/ Intergovernmental Coordination											●						
Level of Grantee																	●
Usual Program Operator																	●

Program Title: Drug Abuse Community Service Programs

Program Type: Health Service

OMB No.: 13.235

Program Description

Project grants to reach, treat and rehabilitate narcotic addicts, drug abusers, and drug dependent persons through partial support of professional and technical personnel providing a range of community-based services. Each grantee must provide inpatient, outpatient, intermediate care, and 24-hour emergency care drug-related services as well as conduct a community-wide consultation and education program.

Eligible Grantees

Community mental health centers or their affiliates. Other public or non-profit agencies located in areas with no community mental health centers are also eligible.

Participant Eligibility and Target Groups

Narcotic addicts and drug dependent persons are eligible for services funded under this program. A narcotic adict is any person whose use of a narcotic drug causes physical, psychological or social harm to himself or endangers the health or welfare of others. A drug dependent is anyone in the state of psychic or physical dependence of any controlled substance.

Coordination Requirements/ Possible CETA Relationships

All grants are reviewed through the A–95 process and must be approved by Health Systems Agencies established by PL 93–641.

Joint training and public service projects leading to permanent, unsubsidized employment may be possible between the Prime Sponsor and grantees of this program (Opportunities 32, 35). Grantees may also provide drug abuse counseling and other related services to CETA participants (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30, 32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					varies from 30%–90%												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation													●				
Level of Proposal Review/ Intergovernmental Coordination A–95											●		●	●	●	●	
Level of Grantee														●	●	●	
Usual Program Operator															●	●	

Program Title: Mental Health—Staff Development Grants

Program Type: Health Manpower

OMB No.: 13.238

Program Description

Project grants to state mental hospitals to transmit changing knowledge of mental health field to staff. Funds may be used for staff development programs at the sub-professional and professional level providing orientation, refresher and continuation training. No trainee stipends are allowed and support for any hospital may not exceed $25,000 per year for ten years.

Eligible Grantees

State mental health hospitals.

Participant Eligibility and Target Groups

No participant eligibility requirements specified in legislation or regulations, though each state hospital may have special eligibility requirements for staff development courses.

Special emphasis is placed upon projects dealing with children, the elderly and individuals with drug and alcohol-related problems.

Coordination Requirements/ Possible CETA Relationships

All grant awards must be consistent with the state plan for mental health services and be approved by the administrator of the state agency responsible for the state hospital.

CETA Title II and Title VI public service enrollees would be eligible for in-service training provided under this program, perhaps leading to full time employment in the mental health hospital (Opportunities 32, 35).

Planning and Coordination Relationships

Applicable Opportunities
32, 35

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match																	
HEW Agency						●											
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●			
Level of Consumer/Advisory Group Participation																	
Level of Proposal Review/ Intergovernmental Coordination												●		●			
Level of Grantee														●			
Usual Program Operator														●			●

Program Title: Community Mental Health Centers—Staffing Grants

Program Type: Health Services

OMB No.: 13.240

Program Description

Project grants to community mental health centers providing a minimum program of services. Grants are awarded for eight years to meet a portion of the costs of professional and technical personnel; the Federal share declines over the eight-year grant period.

Eligible Grantees

State and local governments and public or private nonprofit agencies and organizations.

Participant Eligibility and Target Groups

All persons residing in designated geographic ("catchment") areas of the center. No specified target groups.

Coordination Requirements/ Possible CETA Relationships

All grants must be reviewed through the A–95 process and by the Health Systems Agencies established by PL 93–641. Services provided by the community mental health centers must be a part of the state plan for mental health services submitted under Title III of the Public Health Service Act.

Joint training and public service projects leading to permanent, unsubsidized employment for CETA participants are possible between the Prime Sponsor and the community mental health center (Opportunities 32, 35). Community mental health centers can also provide psychiatric examinations and other mental health services for CETA participants (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30, 32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					varies 25%–90%												
HEW Agency						●											
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation											●		●	●	●	●	
Level of Proposal Review/ Intergovernmental Coordination										A–95		●	●	●	●		
Level of Grantee														●	●	●	
Usual Program Operator															●	●	

Program Title: Mental Health Training

Program Type: Health Manpower

OMB No.: 13.244

Program Description

Project grants to training institutions and service agencies for increasing the number and quality of people working in the field of mental health. Clinical training and continuing education is provided. Grants are reviewed and approved by the National Advisory Mental Health Council. Funds may be used for institutional costs of training programs as well as trainee stipends and related allowances.

Eligible Grantees

Public or private nonprofit training institutions with an existing accredited professional training program in a mental health discipline, or private agencies delivering mental health services.

Participant Eligibility and Target Groups

Participants receiving trainee stipends must be United States citizens or persons admitted for permanent residency. Training institutions may have additional educational, financial or other eligibility requirements.

Special emphasis is placed upon paraprofessional training and the specialized areas of suicide prevention, crime and delinquency, urban problems, and minority groups.

Coordination Requirements/ Possible CETA Relationships

No formal coordination requirements.

Training institutions receiving grants under this program may have the expertise to develop specialized training programs for occupations in the mental health field for CETA (Opportunity 28), or for persons with mental handicaps seeking employment (Opportunity 31). CETA can provide remedial education and other services to prospective disadvantaged students seeking entry into the training programs funded by these grants (Opportunity 34).

Planning and Coordination Relationships

Applicable Opportunities
28, 31, 34

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match					0												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	●
Level of Consumer/Advisory Group Participation											●			●	●		
Level of Proposal Review/ Intergovernmental Coordination											●						
Level of Grantee														●	●	●	●
Usual Program Operator															●	●	●

Program Title: Migrant Health Grants

Program Type: Health Services

OMB No.: 13.246

Program Description

Project grants to develop and operate family health service clinics and special health projects to improve the health status of migratory seasonal farmworkers. Funds may be used for provisions of medical care including ambulatory and inpatient services, sanitation services, health education and training of paraprofessional health aides.

Eligible Grantees

Public or private nonprofit agencies, institutions or organizations. In some instances an organization may be both a migrant health grantee and a Title III CETA Prime Sponsor.

Participant Eligibility and Target Groups

Local projects determine participant eligibility for services. However, regulations require that no person shall be denied service by reason of inability to pay.

Legislation designates that migrant centers are to serve domestic agricultural migratory workers and seasonal agricultural workers.

Coordination Requirements/ Possible CETA Relationships

Project grants must be reviewed through the A–95 process and by the local Health Systems Agencies established by PL 93–641.

Joint training and public service projects leading to permanent, unsubsidized employment for CETA enrollees are possible between the Prime Sponsor and the migrant health center (Opportunities 32, 35). Migrant health centers can also provide health services and physical examinations for eligible CETA enrollees (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30, 32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					varies												
HEW Agency								●									
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation													●	●	●		
Level of Proposal Review/ Intergovernmental Coordination										A–95		●	●	●	●	●	
Level of Grantee														●	●	●	
Usual Program Operator															●	●	

Program Title: Alcohol Community Service Programs

Program Type: Health Services

OMB No.: 13.251

Program Description

Project grants to provide community-based alcoholism services through partial support of professional and technical personnel. Each grantee must provide inpatient, outpatient, intermediate care and 24-hour emergency services as well as consultation and education to community agencies.

Eligible Grantees

Community mental health centers or public or private nonprofit organizations affiliated with a community mental health center. In areas with no community mental health center, other public or nonprofit organizations are eligible.

Participant Eligibility and Target Groups

No specific eligibility requirements. However, services are targeted on alcoholics, alcohol abusers and their families residing in the geographic area of the grantee.

Coordination Requirements/ Possible CETA Relationships

Project grants must be reviewed through the A-95 process and by the Health Systems Agencies established by PL 93-641. Projects must also be reviewed by the State agency administering the Federal alcoholism formula grant.

Joint training and public service projects leading to permanent, unsubsidized employment may be possible between the Prime Sponsor and grantees of this program (Opportunities 32, 35). Grantees may also be able to provide alcohol education, alcoholism counseling and related services to CETA participants (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30, 32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93-641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					varies from 30%–90%												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation											●		●				
Level of Proposal Review/ Intergovernmental Coordination										A–95	●		●	●	●		
Level of Grantee														●	●	●	
Usual Program Operator															●	●	

Program Title: Alcohol Demonstration Programs

Program Type: Health Services

OMB No.: 13.252

Eligible Grantees

Public or private nonprofit agencies and organizations.

Coordination Requirements/ Possible CETA Relationships

All grants must be reviewed through the A–95 process and by the state agency administering the Federal alcoholism formula grant.

Joint training and public service projects leading to permanent, unsubsidized employment may be possible between the Prime Sponsor and the grantees of this program (Opportunities 32, 35). Grantees may also be able to provide alcohol education, alcoholism counseling and related services to CETA participants (Opportunities 30, 36).

Program Description

Project grants and contracts to prevent and control alcoholism through projects providing prevention and treatment techniques of special significance. These projects have included special occupational programs and programs designed for Native Americans.

Participant Eligibility and Target Groups

Projects designed to serve alcoholics, alcohol abusers and their families. Special priority is given to projects serving Native Americans, drunk drivers, and public inebriates.

Planning and Coordination Relationships

Applicable Opportunities
30, 32, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					0												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation											●		●				
Level of Proposal Review/Intergovernmental Coordination										A–95	●		●	●			
Level of Grantee														●	●	●	
Usual Program Operator														●	●	●	

Program Title: Drug Abuse Demonstration Programs

Program Type: Health Services

OMB No.: 13.254

Program Description

Grants to projects of special significance because they demonstrate new or effective/efficient methods of service delivery to narcotic addicts and drug abusers. These have included projects for vocational rehabilitation, counseling and education to encourage the recruitment, training and employment of participants in treatment programs.

Eligible Grantees

Public or private nonprofit agencies and organizations.

Participant Eligibility and Target Groups

No specific participant eligibility requirements except for requirement that persons have a drug-related problem.

Coordination Requirements/ Possible CETA Relationships

All grants must be reviewed through the A–95 process.

Joint training and public service projects leading to permanent, unsubsidized employment may be possible between the Prime Sponsor and grantees of this program (Opportunities 32, 35). Grantees under this program may also have the capability to develop specialized training programs for the ex-addict and subsequently serve this potential target group for Prime Sponsors (Opportunities 31, 33); Grantees may also provide drug abuse counseling and other related services to CETA participants (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30, 31, 32, 33, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					0												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation											●		●				
Level of Proposal Review/Intergovernmental Coordination										A–95	●		●				
Level of Grantee														●	●	●	
Usual Program Operator														●	●	●	

Program Title: Alcohol Formula Grants

Program Type: Health Services

OMB No.: 13.257

Program Description

Formula grants to assist states in the planning, maintenance, coordination and evaluation of effective prevention, treatment and rehabilitation programs dealing with alcohol abuse and alcoholism. The state may fund projects by local agencies and organizations in support of these activities.

Eligible Grantees

Designated state agencies for alcoholism services.

Participant Eligibility and Target Groups

No specific eligibility requirements, though services funded under the formula grant are targeted for alcoholics and their families.

Coordination Requirements/ Possible CETA Relationships

State Plans must be reviewed by the Governor through the A–95 process.

Joint training and public service projects leading to permanent, unsubsidized employment may be possible between the Prime Sponsor and projects funded by the state agency (Opportunities 32, 35). Projects may also have the capability to provide alcohol education, alcoholism counseling and related services to CETA participants (Opportunities 30, 36).

Planning and Coordination Relationships

Applicable Opportunities
30,32,35,36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	●																
Form of Assistance to Participant			●														
Grantee Match					O												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●			
Level of Consumer/Advisory Group Participation											●		●	●			
Level of Proposal Review/Intergovernmental Coordination A–95											●		●	●			
Level of Grantee														●			
Usual Program Operator														●	●	●	

Program Title: Family Planning Services—Training Grants

Program Type: Health Manpower

OMB No.: 13.260

Program Description

Project grants to provide in-service training to family planning project staffs and improve utilization and career development of paraprofessional and paramedical manpower. Short-term training (6 months or less) is available to both professional and paraprofessional personnel. Funds may not be used to support professional education in pursuit of an academic degree.

Eligible Grantees

Public or private nonprofit organizations. Grantees have included state and local public agencies, universities and private groups such as Planned Parenthood.

Participant Eligibility and Target Groups

Staff of family planning projects funded under Title X of the Public Health Service Act.

Special emphasis is placed on training for projects serving low-income persons, and those located in rural areas. This program also stresses the improvement of skills and utilization of paraprofessional staff.

Coordination Requirements/ Possible CETA Relationships

No formal coordination requirements.

CETA Title II and Title VI public service enrollees placed in family planning projects would be eligible for in-service training provided under this program that might lead to full-time employment in the project (Opportunities 32, 33).

Planning and Coordination Relationships

Applicable Opportunities
32,33

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					O												
HEW Agency								●									
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	●
Level of Consumer/Advisory Group Participation																	
Level of Proposal Review/ Intergovernmental Coordination											●	●					
Level of Grantee														●	●	●	●
Usual Program Operator																●	●

Program Title: Family Health Centers

Program Type: Health Service

OMB No.: 13.261

Program Description

Project grants to develop health maintenance and treatment services on a prepaid capitation basis to enrolled populations in areas with scarce health services. Funds may be used for training but not for stipends. Family health management centers are required to offer basic minimum ambulatory and inpatient services to their enrollees, either directly or on a contract basis.

Eligible Grantees

Any public or private nonprofit agency, institution or organization.

Participant Eligibility and Target Groups

Services are available to all families and individuals, on a prepaid, capitation basis, who can pay for such services from personal resources or who have third-party coverage. Subsidized services are available to low-income families according to financial eligibility criteria defined by Federal regulations (42 CRF 416). Because of declining Federal support of family health centers, increasing emphasis is being placed upon enrollment of families and individuals with third-party coverage.

Coordination Requirements/ Possible CETA Relationships

Project grants mut be reviewed through the A–95 process and by the local Health Systems Agencies established by PL 93–641.

Joint training and public service projects leading to permanent, unsubsidized employment for CETA enrollees are possible between the Prime Sponsor and family health centers (Opportunities 32, 35). Family health centers can also provide prepaid health services as well as physical examinations for CETA enrollees (Opportunities 33, 36).

Planning and Coordination Relationships

Applicable Opportunities
32, 33, 35, 36

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					varies												
HEW Agency								●									
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●	●	
Level of Consumer/Advisory Group Participation													●		●		
Level of Proposal Review/ Intergovernmental Coordination										A–95		●	●	●	●		
Level of Grantee														●	●		
Usual Program Operator														●	●		

Program Title: Drug Abuse Prevention—Formula Grants

Program Type: Health Services

OMB No.: 13.269

Program Description

Formula grants to assist states in the preparation of state plans for drug abuse prevention and the implementation of prevention projects specified in the plan. States may fund other public or private agencies to conduct such projects.

Eligible Grantees

Designated state agencies for drug abuse programs.

Participant Eligibility and Target Groups

No specific eligibility requirements or target groups.

Coordination Requirements/ Possible CETA Relationships

State plans must be reviewed by the Governor under the A–95 process.

Joint training and public service projects leading to permanent, unsubsidized employment may be possible between the Prime Sponsor and projects funded by the state agencies (Opportunities 31, 32, 35). Projects may also have the capability to provide drug education and counseling services to CETA participants (Opportunity 30).

Planning and Coordination Relationships

Applicable Opportunities
30, 31, 32, 35,

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	●																
Form of Assistance to Participant			●														
Grantee Match					0												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination																	
Level of Consumer/Advisory Group Participation											●						
Level of Proposal Review/ Intergovernmental Coordination A–95											●			●			
Level of Grantee														●			
Usual Program Operator														●	●	●	

Program Title: Alcohol Training Program

Program Type: Health Manpower

OMB No.: 13.274

Program Description

Project grants to institutions to provide specialized training for persons who will staff community alcoholism programs. Both academic and non-academic, short and long-term types of training are provided. Funds may be used for institutional support as well as for trainee stipends and related allowances. All grants are reviewed and approved by the National Advisory Council on Alcohol Abuse and Alcoholism.

Eligible Grantees

Public and private nonprofit training institutions with an accredited professional training program.

Participant Eligibility and Target Groups

Participants receiving trainee stipends must be United States citizens or persons admitted for permanent residency. Training institutions may have additional educational, financial or other eligibility requirements.

Coordination Requirements/ Possible CETA Relationships

Grants must be reviewed by the state agency administering the state formula grant of the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970 (see OMB 13.257).

Training institutions receiving grants under this program may have the capability to develop specialized training courses for occupations in alcoholism programs (Opportunity 28), or for persons with alcohol-related problems seeking employment (Opportunity 31). CETA can provide remedial education and other services to prospective disadvantaged students seeking entry into training programs funded by these grants (Opportunity 34).

Planning and Coordination Relationships

Applicable Opportunities
28, 31, 34,

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match					O												
HEW Agency						●											
Level of Federal Administration																	
Level of Plan/Proposal Origination																●	
Level of Consumer/Advisory Group Participation											●		●				
Level of Proposal Review/ Intergovernmental Coordination											●		●	●			
Level of Grantee																●	
Usual Program Operator																●	

Program Title: Drug Abuse Training Programs

Program Type: Health Manpower

OMB No.: 13.280

Program Description

Project grants to support multidisciplinary short-term training of treatment personnel to work with drug addicts or abusers. Projects may be for training of professionals, paraprofessionals and ex-addicts interested in drug treatment occupations. Funds may be used for curriculum development, institutional support and trainee stipends. All grants are reviewed and approved by the National Advisory Council on Drug Abuse.

Eligible Grantees

Public or private nonprofit training institutions with an accredited professional training program.

Participant Eligibility and Target Groups

Participants receiving trainee stipends must be United States citizens or persons admitted for permanent residency. Training institutions may have additional educational, financial or other eligibility requirements.

Special emphasis is placed upon paraprofessional training and the specialized areas of suicide prevention, crime and delinquency, urban problems, and minority groups.

Coordination Requirements/ Possible CETA Relationships

No formal coordination requirements.

Training institutions receiving grants under this program may have the expertise to develop specialized training programs for occupations in the drug treatment field for CETA (Opportunity 28), or ex-addicts seeking employment (Opportunity 31). CETA can provide remedial education and other services to prospective disadvantaged students seeking entry into the training programs funded by these grants (Opportunity 34).

Planning and Coordination Relationships

Applicable Opportunities
28, 31, 34,

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match					0												
HEW Agency						●											
Level of Federal Administration											●						
Level of Plan/Proposal Origination															●	●	●
Level of Consumer/Advisory Group Participation											●						
Level of Proposal Review/ Intergovernmental Coordination											●						
Level of Grantee															●	●	●
Usual Program Operator																	●

Program Title: Grants for Training in Emergency Medical Services

Program Type: Health Manpower

OMB No.: 13.287

Program Description

Project grants to educational entities in the establishment, improvement and expansion of training programs in the techniques and methods of providing emergency medical services (including skills required in connection with the provision of ambulance service). Funds may be used for curriculum development, on-the-job training and institutional support, but may not be used for stipends, construction or tuition.

Eligible Grantees

Public or private nonprofit schools of medicine, dentistry, osteopathy or nursing, public or private nonprofit training centers for allied health professionals, or any other public or private nonprofit educational entity which itself delivers emergency medical services or has an agreement with an organization delivering emergency medical services for provision of clinical experience. All grantees must provide accredited training programs by the relevant accrediting bodies.

Participant Eligibility and Target Groups

None, except for those educational, financial and other eligibility criteria established by the grantee.

Veterans of the Armed Forces with military training and experience in health care fields and public safety personnel are special, legislatively designated target groups for this program.

Coordination Requirements/ Possible CETA Relationships

All project grants must be reviewed by PL 93-641 areawide Health Systems Agencies (if any) and emergency services councils established under Title XII of the Public Health Services Act. Projects also must coordinate with Operation MEDIHC (Military Experience Directed into Health Careers) grantees, the Veterans Administration, and other programs (including manpower) operating in the same service area.

CETA Title II and Title VI public service enrollees placed in agencies providing emergency services might be eligible for in-service training provided under the program, perhaps leading to full time employment (Opportunities 32, 35). CETA can also provide remedial education and other services to prospective disadvantaged students for these training programs (Opportunity 34). Cooperation in outreach, job training and employment may also be possible among the Prime Sponsor, Operation MEDIHC and EMS training grantee (Opportunity 33).

Planning and Coordination Relationships

Applicable Opportunities
32, 33, 34, 35,

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					O												
HEW Agency							●										
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●		●
Level of Consumer/Advisory Group Participation												●	●				
Level of Proposal Review/Intergovernmental Coordination												●	●		●		
Level of Grantee														●	●		●
Usual Program Operator																	●

Program Title: Allied Health Professions—Special Projects

Program Type: Health Manpower

OMB No.: 13.305

Program Description

Grants for special projects related to the training of allied health personnel including curriculum development, interdisciplinary programs, and recruitment of special groups such as returning veterans, the economically or culturally deprived or persons re-entering the allied health fields. Funds may not be used for student stipends, direct patient care, research, or construction.

Eligible Grantees

Grants to public or private non-profit agencies, organizations, and institutions. Contracts with individuals, agencies and organizations.

Participant Eligibility and Target Groups

No specific eligibility requirements.

Special legislative target groups include veterans, the economically and culturally disadvantaged and persons re-entering any of the allied health fields.

Coordination Requirements/ Possible CETA Relationships

No specific coordination requirements.

Grantees of this program may have the capability to develop allied health training programs specific to CETA needs (Opportunity 28). Joint Prime Sponsor/HEW grantee projects are possible to service the special common target groups of the disadvantaged and returning veterans. (Opportunity 33). CETA can provide remedial education and other supportive services for disadvantaged prospective students for allied health professions schools (Opportunity 34).

Planning and Coordination Relationships

Applicable Opportunities
28, 33, 34,

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match					10												
HEW Agency							●										
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	●
Level of Consumer/Advisory Group Participation											●						
Level of Proposal Review/ Intergovernmental Coordination											●						
Level of Grantee														●	●	●	●
Usual Program Operator															●	●	

Program Title: Health Professions—Student Loans

Program Type: Health Manpower

OMB No.: 13.342

Program Description

Project grants to medical schools to capitalize a loan fund for full time students in courses of study leading to a professional degree. Funds are distributed according to a statutory formula based upon enrollment. Loans to students cover tuition, fees, books and related education costs, but may not exceed $3500 per academic year. All loans must be repaid except for graduates serving in the National Health Service Corps in medically underserved areas designated by the Secretary of HEW.

Eligible Grantees

Accredited public or private nonprofit schools of medicine, dentistry, osteopathy, optometry, podiatry, pharmacy or veterinary medicine.

Participant Eligibility and Target Groups

Students must be United States citizens or permanent residents and in financial need as determined by the medical school. The schools may have additional educational and other eligibility criteria.

Federal policy is placing special emphasis on providing professional training for disadvantaged groups traditionally underrepresented in the health professions and those persons committed to practicing in physician shortage geographic areas.

Coordination Requirements/ Possible CETA Relationships

No formal coordination requirements.

CETA can provide remedial education and other supportive services to prospective disadvantaged students seeking entrance to medical schools (Opportunity 34).

Planning and Coordination Relationships

Applicable Opportunity
34

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	●																
Form of Assistance to Participant				●													
Grantee Match					10												
HEW Agency							●										
Level of Federal Administration												●					
Level of Plan/Proposal Origination																●	
Level of Consumer/Advisory Group Participation																	
Level of Proposal Review/Intergovernmental Coordination												●					
Level of Grantee																●	
Usual Program Operator																●	

Program Title: Nurse Training Improvement—Special Projects

Program Type: Health Manpower

OMB No.: 13.359

Program Description

Project grants to improve the quality and availability of nursing education in special areas of concern such as cooperative agreements between academic institutions and hospital training programs, new curriculum development, recruitment of disadvantaged students, nurse retraining, training for shortage areas, skill upgrading of sub- and paraprofessional nursing personnel, or specialized geriatric nursing. Funds may be used for stipends in certain instances, as well as for institutional support. All grants are reviewed and approved by the National Advisory Council on Nurse Training.

Eligible Grantees

Grants to schools of nursing or other public or private nonprofit institutions or organizations. Contracts with any public or private agency or organization.

Participant Eligibility and Target Groups

No specific eligibility requirements. Individual grantees may impose additional educational, financial or other eligibility criteria.

Special legislative emphasis is placed upon increasing nursing education opportunities for the disadvantaged through recruitment, financial assistance, and other supportive services.

Coordination Requirements/ Possible CETA Relationships

No specific coordination requirements.

Grantees of this program may have the capability to develop nursing training programs specific to CETA needs (Opportunity 28). Joint Prime Sponsor/HEW grantee projects are possible to service the special and common target groups of the disadvantaged or bilingual individuals (Opportunity 33). CETA can provide remedial education and other supportive services for disadvantaged prospective nursing school students (Opportunity 34)

Planning and Coordination Relationships

Applicable Opportunities
28, 33, 34

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match					0												
HEW Agency								●									
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	●
Level of Consumer/Advisory Group Participation											●						
Level of Proposal Review/ Intergovernmental Coordination											●						
Level of Grantee														●	●	●	●
Usual Program Operator																●	●

Program Title: Nursing Student Loans

Program Type: Health Manpower

OMB No.: 13.364

Program Description

Grants to schools of nursing to capitalize a loan fund for full and half-time students. Funds are distributed to applying schools according to a statutory formula based upon enrollment. Loans to students cover tuition, fees, books and related educational costs, but may not exceed $2500 per academic year. All loans must be repaid over a ten-year period, except for graduates agreeing to practice in shortage areas designated by the Secretary.

Eligible Grantees

Public or private nonprofit schools of nursing with diploma, associate, baccalaureate or graduate degree programs.

Participant Eligibility and Target Groups

Students must be United States citizens or permanent residents and in financial need as determined by the nursing school. The nursing school may have additional educational and other eligibility criteria.

Federal policy is stressing emphasis on providing training for disadvantaged groups and those persons committed to practicing in shortage areas. Preference in loans is also given to licensed practical nurses.

Coordination Requirements/ Possible CETA Relationships

No formal coordination requirements.

CETA can provide remedial education and other supportive services to disadvantaged prospective students (Opportunity 34). CETA Title II and Title VI public service enrollees might also enter such a program as half-time students, perhaps leading to permanent employment in nursing in that public agency (Opportunity 35). Nursing schools also have the capability to develop new training programs for nursing occupations specifically for CETA enrollees (Opportunity 28).

Planning and Coordination Relationships

Applicable Opportunities
28,34,35

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	●																
Form of Assistance to Participant				●													
Grantee Match					10												
HEW Agency							●										
Level of Federal Administration												●					
Level of Plan/Proposal Origination																●	
Level of Consumer/Advisory Group Participation																	
Level of Proposal Review/Intergovernmental Coordination												●					
Level of Grantee																●	
Usual Program Operator																●	

Program Title: Health Manpower Education Initiative Awards

Program Type: Health Manpower

OMB No.: 13.380

Program Description

Grants and contracts to improve the distribution, supply, quality, utilization and efficiency of health personnel and the health services delivery system, and to recruit into the health professions individuals who will practice in shortage areas and students (including veterans) who are financially or otherwise disadvantaged. The Special Health Career Opportunity Grant (SHCOG) program, designed to provide training opportunities for the disadvantaged and women to help prepare them for health professions, is a part of this program. Also funded through this program are Operation MEDIHC projects designed to recruit veterans into health careers.

Eligible Grantees

Public or nonprofit health educational entities.

Participant Eligibility and Target Groups

No legislative eligibility requirements. SHCOG grants specifically are designed for disadvantaged individuals, though each grantee might establish its own specific financial, educational and other criteria. Legislative target groups also include persons who will practice in shortage areas and veterans.

Coordination Requirements/ Possible CETA Relationships

Grants and contracts (except those of SHCOG programs) must be coordinated with the regional medical program in the geographic area of the grant.

Grantees of this program may have the unique capability to work with CETA on the recruitment, training and placement of the disadvantaged in health careers (Opportunities 28, 33, 34).

Planning and Coordination Relationships

Applicable Opportunities
28, 33, 34

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match																	
HEW Agency							●										
Level of Federal Administration											●						
Level of Plan/Proposal Origination														●	●	●	●
Level of Consumer/Advisory Group Participation											●		●				
Level of Proposal Review/ Intergovernmental Coordination											●		●				
Level of Grantee														●	●	●	●
Usual Program Operator																●	●

Program Title: Health Professions— Special Projects

Program Type: Health Manpower

OMB No.: 13.383

Program Description

Special project grants and contracts for improvement in the quality of health professions education and better distribution of these educational opportunities. Funds may be used for curriculum development, expansion of minority or low-income enrollment, interdisciplinary programs, and preceptorship training in family practice, pediatrics, internal medicine or rural service areas. All grants and contracts must be reviewed by the National Advisory Council on Health Professions Education.

Eligible Grantees

Grants may only be awarded to public or private nonprofit schools of medicine, dentistry, osteopathy, veterinary medicine, optometry, pharmacy and podiatry. Contracts may be awarded to public or private health or educational organizations.

Participant Eligibility and Target Groups

No specific eligibility requirements. Each grantee may impose financial, educational or other eligibility criteria.

Special legislative emphasis is placed upon increasing enrollment of minority and low-income students and students intending to practice in shortage geographic and specialty areas. Student financial assistance is authorized for these purposes.

Coordination Requirements/ Possible CETA Relationships

No specific coordination requirements.

Grantees of this program may have the capability to develop health occupation training programs specific to the needs of a CETA Prime Sponsor (Opportunity 28). Joint CETA/HEW grantee projects may be possible to maximize service to common target groups (Opportunity 33). CETA can provide remedial education and other services for disadvantaged prospective health profession students (Opportunity 34).

Planning and Coordination Relationships

Applicable Opportunities
28, 33, 34

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●	●													
Grantee Match																	
HEW Agency							●										
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●	●	●	●
Level of Consumer/Advisory Group Participation											●						
Level of Proposal Review/ Intergovernmental Coordination											●						
Level of Grantee														●	●	●	●
Usual Program Operator																	

Program Title: Medicaid

Program Type: Health Services

OMB No.: 13.714

Program Description

Formula grants to states for financing a program of medical services for recipients of cash assistance and, in some states, low-income persons, not receiving welfare payments, designated as medically needy. States must provide a minimum program of medical services including inpatient and outpatient care, family planning, skilled nursing homes, and early periodic screening, diagnosis and treatment for individuals under 21. Services are usually delivered by private providers who are reimbursed by the state.

Eligible Grantees

State departments of health or welfare.

Participant Eligibility and Target Groups

All recipients of money payments under the AFDC and SSI programs are eligible. States may also choose to serve those eligible, but not receiving, welfare payments and persons who are not eligible for cash maintenance payments but require medical assistance ("medically needy").

Congress has mandated an early screening program (EPSDT) for Medicaid-eligible children under 21. States must implement special programs of outreach screening and treatment for this target group.

Coordination Requirements/ Possible CETA Relationships

State Medicaid plans are reviewed under the A–95 process.

Joint training and public service projects leading to permanent, unsubsidized employment for CETA enrollees are possible between the Prime Sponsor and state and local agencies administering Medicaid (Opportunities 32, 35). Many CETA enrollees are likely to be eligible for Medicaid services.

Planning and Coordination Relationships

Applicable Opportunities
32, 35

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93–641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type	●																
Form of Assistance to Participant			●														
Grantee Match					varies from 50%–83%												
HEW Agency										●							
Level of Federal Administration												●					
Level of Plan/Proposal Origination														●			
Level of Consumer/Advisory Group Participation																	
Level of Proposal Review/Intergovernmental Coordination												●		●			
Level of Grantee														●			
Usual Program Operator																●	

Program Title: Health Systems Agencies

Program Type: Health Planning

OMB No.: N/A–PL 93-641

Program Description

The National Health Planning and Resource Development Act (PL 93-641) authorized the establishment of a network of health systems agencies for health planning and regulation to replace the existing system of comprehensive health planning bodies. Each health systems agency will be established on a substate basis with the powers to create sub-area advisory councils. These agencies are eligible to receive Federal financial assistance and have power to review and approve Federal health construction, service, and manpower grants affecting service delivery within the HSA boundaries. All actions of the HSA are appealable to the designated State Health Planning and Development Agency and the Secretary of HEW.

Eligible Grantees

Nonprofit private corporations, public regional planning bodies or single units of general local government (or a consortium of local governments with a joint powers agreement).

Participant Eligibility and Target Groups

Not applicable.

Coordination Requirements/ Possible CETA Relationships

Applications for designation as a Health Systems Agency must be reviewed at local public hearings and by the State Governor. The Secretary of HEW makes final designation.

The designation of many Health Systems Agencies by July 1, 1976 will create many opportunities for joint HSA/CETA cooperation. The HSAs eventually will be the appropriate local agency able to forecast the demand for health services and estimate the need for health manpower. As the legal agency responsible for overall manpower planning, the Prime Sponsor may be able to assist the HSA in the development of this capability through joint planning and sharing of information (Opportunity 29).

Planning and Coordination Relationships

Applicable Opportunity 29

	Formula	Project	Services	Financial Aid	Percentage	Alcohol, Drug and Mental Health Administration	Health Resources Administration	Health Services Administration	National Institutes of Health	Social and Rehabilitation Services	National	Regional	Areawide HSA Review (PL93-641)	State Agency	Local Public Agency	Private Organization	Training Institution
Funding Type		●															
Form of Assistance to Participant			●														
Grantee Match																	
HEW Agency							●										
Level of Federal Administration												●					
Level of Plan/Proposal Origination													●		●	●	
Level of Consumer/Advisory Group Participation											●		●		●		
Level of Proposal Review/ Intergovernmental Coordination											●	●	●	●	●		
Level of Grantee													●		●	●	
Usual Program Operator															●	●	

Opportunity 28: The Allied Health Manpower Project

Issues Facing CETA & Health

Placement of enrollees in permanent, unsubsidized employment is the primary goal of CETA Prime Sponsors.

The health care industry offers increasing numbers of employment opportunities, particularly in the allied health occupations, in many geographic areas. However, many Prime Sponsors have neither the technical capability to pinpoint future demands for health manpower, nor the expertise to provide training for those occupations.

HEW health manpower grantees face a prospective future decline in Federal institutional support for curriculum development and student financial support, but shifts in health care industry technology have created demand for new training methods for new occupations.

How Coordination Can Help

CETA Title I training funds can be utilized to support curriculum development and innovative training techniques for new occupation areas such as those in the allied health field. HEW health manpower grantees may have the capability to identify demand for new allied health occupations, develop appropriate training programs, and provide student financial support.

How It Might Work

In St. Louis, the city Prime Sponsor has entered into an agreement with the Forest Park Community College, an HEW health manpower grantee, to establish a training program for allied health occupational clusters flexible enough to meet the changing needs of the health care industry. To insure the responsiveness of this training program, the Prime Sponsor has established an employer committee consisting of representatives of some hospitals and other health care institutions in the St. Louis area, who were recommended by the Community College. Committee members are responsible for supplying job demand information at their institutions and for review and approval of the training program developed under the project. Membership on the employer committee is limited to those institutions anticipating hiring in allied health occupations in the immediate future and willing to guarantee that completion of a training program would certify the graduate as meeting standards for employability at their institutions.

After approval of the training packages by the employer committee, CETA clients enter the training program. Upon completion, placement of the CETA clients is the primary responsibility of the Prime Sponsor, with the assistance of the Forest Park Community College and the employer committee.

How Health Programs Can Benefit

—CETA funds support the development and implementation of training programs responsive to demands in the health industry. In St. Louis, these programs were developed in an integrated manner allowing for vertical and horizontal career mobility for the CETA clients.

—CETA funds provide financial assistance and supportive services to CETA eligible students.

—CETA referrals expand enrollment.

—Placement of students may be higher due to services of CETA staff and the employer committee.

—CETA information on labor market demand allows adjustment in enrollment so that students do not continue to be trained in low-demand occupational areas.

How CETA Can Benefit

—CETA clients are trained for occupations of high demand in the allied health field.

—Required approval of training programs by the employer committee assures standards for immediate employment.

—Relationships are developed with employers in the growing health care industry that might be utilized for the development of OJT and work experience projects.

—Availability of job information on the dynamic and changing needs of the health delivery system provides input on future manpower requirements for the Prime Sponsor's planning process.

Risks to Health Programs

—There may be an overcommitment of resources to transitional CETA requirements without regard for long-term needs and availability of support.

Risks to CETA

—Heavy reliance on employer-based forecasts of health manpower demand may not reflect true area-wide demand because of the narrow base of the committee.

—Jobs projected might not occur at times trainees are ready.

How to Reduce the Risks

—Expand the employer committee to include other health care employers such as physicians, medical laboratories and representatives from health planning agencies and Federal health manpower programs.

—Develop contingency plans with employers (i.e., Title II or VI employment) if graduates are not immediately employable due to economic conditions in the health care industry.

—Coordinate the project with the local health planning agency to insure that training programs developed reflect long-term areawide needs.

Other Applicable HEW Programs

Grantees of the following HEW programs may have the capability to develop the type of cooperative arrangement with CETA Prime Sponsors described in this example:

13.104 Food Research Training Grants

13.106 Radiological Health Training Grants

13.233 Maternal and Child Health Training

13.244 Mental Health Training Grants

13.274 Alcohol Training Programs

13.280 Drug Abuse Training Programs

13.287 Grants for Training in Emergency Medical Services

13.305 Allied Health Professions—Special Project Grants

13.359 Nurse Training Improvement—Special Projects

13.380 Health Manpower Initiative Awards

13.383 Health Professions—Special Projects

Opportunity 29: The Health Occupation Planning Project

Issues Facing CETA & Health

The provision of health services, including direct care and related supportive services, is among the nation's largest industries. It provides employment at all occupational levels, including entry level positions, in a wide variety of occupations. These may be jobs directly related to patient care as well as supportive services in technical, clerical, and other areas. CETA needs to identify the jobs that would be appropriate to its clients, and organize a comprehensive approach to recruitment, training, and placement in this area.

Organizations with health manpower planning responsibilities, such as the new Health Systems Agencies, may reach only some of the resources being devoted to training for health manpower. These agencies need to develop relationships with the wide array of organizations providing health manpower training, regardless of funding source, to more directly influence training for areas of need.

How Coordination Can Help

A combined effort with health manpower planning organizations can assist CETA to identify job possibilities in the health field, appropriate educational and training programs, and future employers of health personnel. The participation of CETA in health manpower planning helps assure a wider scope for health planning, enabling access to state and local programs which control the response of other manpower resources to the planned need.

How It Might Work

The Comprehensive Manpower Program of Greater Hartford has contracted with the Connecticut Institute for Health Manpower Resources, a grantee of the Regional Medical Program, to identify entry level jobs for possible training and placement of CETA clients. The Institute conducted an inventory of health employers and current job possibilities for CETA clients, and analyzed potential future opportunities, and projected levels of employment in the health field for the "disadvantaged." This information was transmitted to CETA for use as a guide in planning training and placement of CETA clients.

How Health Programs Can Benefit

—Manpower planning information identifies needs that impact on health occupation training programs at the local level.

How CETA Can Benefit

—Health labor-market information can identify shortage occupations for inclusion in the comprehensive manpower plan.

—Health student enrollment projections can assist CETA in identifying future strengths and gaps in health manpower supply.

—The health manpower planning function is accomplished at lower cost than creation of in-house capability would require.

Risks to Health Programs

—None apparent.

Risks to CETA

—CETA may be funding an activity that would be carried out regardless of CETA participation.

How to Reduce the Risks

—Prior to negotiations both parties should conduct a review of the extent of existing health manpower planning information and set standards, specified in the agreement, for level of detail and quality of information.

Other Applicable HEW Programs

Under P.L. 93-641, the Regional Medical and Comprehensive Health Planning programs were consolidated into new Health Systems Agencies. Health manpower planning in HEW is conducted by the Bureau of Health Manpower and Bureau of Health Planning and Resource Development in the Public Health Service. Many other agencies are involved with health manpower planning, including State Higher Education Commissions, State Vocational Education Agencies, and State Health Agencies.

In order to maximize support for cooperative efforts towards training and utilization of health manpower, CETA Prime Sponsors and manpower planning councils at state and local levels should plan for and develop continuing cooperative arrangements with Health Systems Agencies and State Health Planning Agencies to be established under P.L. 93-641. A wide range of subjects for collaborative action is likely to develop through such arrangements. Of particular importance will be joint efforts to identify health occupation supply and demand, institutions to train for occupation shortage areas, and future employers of health manpower personnel.

Opportunity 30: Prepaid Health Services for CETA Clients

Issues Facing CETA & Health

CETA is required either to provide or to assure that health benefits are provided to CETA public service (Title II) and emergency employment (Title VI) participants, equivalent to those provided other workers in the employing organization. In addition, CETA may purchase medical services for participants in other training and work experience programs. Seeking the most efficient and cost effective method of providing comprehensive health care is therefore important to CETA.

Many HEW programs are designed to strengthen comprehensive health services for certain target groups with unusual needs and to demonstrate new health service delivery mechanisms. Most of these programs are under Federal pressure to reduce their reliance on HEW funds and to increase self-sufficiency through third-party reimbursements.

How Coordination Can Help

Some HEW-funded health service programs can provide comprehensive medical services to CETA participants. Those programs operating under the prepaid health maintenance concept can also offer comprehensive health benefit packages. Services may be available to CETA participants at lower cost than services purchased through the traditional health service delivery system.

How It Might Work

In Santa Clara County, California, the county Prime Sponsor contracted with the Health Alliance of Northern California, a health maintenance organization partially funded by HEW, to provide health benefits to selected CETA participants in work experience, public service, and emergency employment status. Payment for service was on a prepaid, capitation basis for each CETA participant. Difficulties arising from the comparability of Health Alliance benefits to benefits provided by the Title II employer were resolved by giving the enrollee the option to join the Health Alliance only when the Alliance was one of the health benefit plans offered by the employer.

How Health Programs Can Benefit

—The CETA group is a needed source of third-party income supporting the service program.

—CETA coverage may open up other group opportunities with Title II employers.

—An economically needy target group —CETA clients—is assured of quality health services.

How CETA Can Benefit

—Required health benefits are provided to Title II and Title VI enrollees at lower cost, through a single simple agreement.

—Health benefits are also provided to certain Title I enrollees, encouraging preventive care through the health maintenance concept and assuring their continuance in the training program if illness strikes.

Risks to Health Programs

—Service costs may be higher than CETA prepayments because of the transitional nature of CETA clients, thus limiting the utility and cost-effectiveness of the health maintenance approach.

—Variability in CETA group size may affect plan revenues significantly due to the changing nature of the CETA client group, particularly given the uncertainty of Title II and Title VI funding levels.

Risks to CETA

—Administrative difficulties may occur as enrollees transfer from work experience or emergency employment to public service positions with employers not offering the specific agreement health maintenance plan as one of their health benefit plans.

—CETA may incur costs for enrollees already eligible for the health plan or for Medicaid.

—Local unions and health insurance companies may object to utilization of non-traditional health service plans for Title II and Title VI enrollees.

—Costs for a prepaid plan for Title I enrollees may prove to be more expensive than paying for medical services on an as-needed basis if the anticipated demand does not materialize.

How to Reduce the Risks

—Negotiate a periodic review of the costs and services provided under the agreement, with options for discontinuance by either party if the agreement becomes disadvantageous.

—Agree on how to handle payment for persons already eligible for the health plan; exclude enrollees on Medicaid unless the enrollee exercises an option to receive Medicaid services through the CETA-designated health plan.

—Negotiate a minimum group size for coverage of CETA clients.

Other Applicable HEW Programs

HEW health service programs that fund projects capable of providing comprehensive health services or benefits to CETA enrollees are listed below. The Indian Health Service has its basis in American Indian treaty rights as well as Public Health Service laws. As such, it is a Federally-managed system of direct patient care that serves as an equivalent of state/local health service delivery systems in the unique tribal jurisdictions. The other programs listed below (except Medicaid financing) are operated at the state and local level by selected non-Federal entities who are funded for varying lengths of time because they demonstrate a capability to serve the community in a highly effective or innovative way which contributes to the overall improvement of the health service delivery system. All of these programs have a substantial impact on community health services but not all service-deliverers are participants, a fact that requires CETA to give attention to these programs in the context of what the total community of resources has to offer.

13.228 Indian Health Service

13.224 Health Services Development—Project Grants

13.246 Migrant Health Centers

13.256 Health Maintenance Organization

13.261 Family Health Centers

13.714 Medicaid (financing only)

Opportunity 31: Demonstration Training Program for Disabled Youth

Issues Facing CETA & Health

Some CETA Prime Sponsors may have employment priorities for "most-in-need" target groups such as the developmentally disabled or physically handicapped, yet the Prime Sponsor may lack the assessment, counseling and training capability to serve these populations.

HEW projects (such as those funded through community mental health centers or Federal programs for the developmentally disabled) may have the skills to serve these target groups but may lack the resources to expand service beyond a small population. In many cases, those individuals with mild disabilities or potential employability often receive lowest priority and are excluded from service.

How Coordination Can Help

CETA funds can be used by the Prime Sponsor to fund development and operation of innovative training programs by qualified agencies to assist these client groups to reach unsubsidized employment. HEW funded projects for these target groups must utilize such funding to develop demonstration manpower and training projects as part of a more balanced service program. A successful demonstration program might possibly expand the capability of both the health agency and Prime Sponsor to serve more of the population in need.

How It Might Work

In St. Louis, the Prime Sponsor contracted with the Child Development Center, a HEW-UAF facility of St. Louis University, to develop a demontration job experience and skill training program for developmentally disabled youth for employment in the food service industry. The duration of the program was a minimum of 120 hours of training in 6 weeks, with 2 classes of 10 individuals each.

In addition to training in food service, the Child Development Center performed such activities as diagnostic and evaluation assessments to determine individual strengths and weaknesses related to future employability and provided counseling and needed medical service to the enrollees. Job development and placement was also the responsibility of the Center. The CETA program made referrals, certified eligibility of the enrollees, and assisted in the placement process.

Graduates of the program were tracked after job placement as part of the overall evaluation conducted by the Center. The Center provided the city with a complete evaluation of the training project, including recommendations for future programs.

How Health Programs Can Benefit

—Staff capacity is enriched through knowledge and skills gained during the project period, useful even if the program is not successful or not continued.

—Service is expanded to a broader client group normally receiving limited service due to their degree of disability.

—Access to job placement resources of CETA may be opened to other clients not enrolled in the program.

—Seed funds provided by CETA might attract additional support for the standard service program of the agency.

How CETA Can Benefit

—Information is generated on the training needs of a special group in the CETA population and the probable success/costs to serve that target group.

—Program capability is developed to serve segments of the population in need designated by the Prime Sponsor.

—Program capability through contract services may be more cost-effective than direct service delivery.

—The CETA evaluation capability developed for the demonstration project can be utilized to assess similar projects proposed by other agencies.

—A relationship is developed with a resource having capability to deal with the special needs of certain CETA clients.

—Coordinated programming can provide a potentially more stable group of employees in unskilled jobs often marked by low turnover.

Risks to Health Programs

—CETA may recruit health program staff to become part of a new CETA unit providing services to developmentally disabled youth.

—The program, even if successful, may not be implemented by CETA though the demand for such services may continue.

Risks to CETA

—The demonstration project may not be successful in developing an effective training project nor generate sufficient information for conclusions about feasibility of alternative methods.

—The demonstration project may be skewed to guarantee success of initial enrollees in order to insure continued funding.

—Costs of serving developmentally disabled clients may be higher than the cost of service to the traditional CETA client.

How to Reduce the Risks

—Negotiate the "level of developmental disability" which will allow a client to be accepted into a CETA program and which will enable appropriate work-up by CETA staff. Allow adequate time for recruitment and referral to that level.

—Negotiate, in advance, responsibilities for referrals to service delivery if the program is not continued by either CETA or the health program.

—Explore funding possibilities for the health program if the project is successful.

—Agree that the health program will explore already tested training methods for the target group prior to development of new methods, and will report such information to the Prime Sponsor.

—Agree that enrollees in the program will be a representative sample of the target group and that evaluation of the project will be conducted by an independent organization, or insure close CETA review of evaluation results.

Other Applicable HEW Programs

The described capabilities of the Center for Child Development may exist in other HEW-funded grantees under the following programs:

13.211 Crippled Children Services

13.240 Community Mental Health Services

13.259 Mental Health—Children's Services

13.630 } Programs for the
13.631 } Developmentally Disabled

Opportunity 32: Training for Health Program Manpower Needs

Issues Facing CETA & Health

HEW health service programs must respond to rapid increases in knowledge and changes in delivery techniques through service restructuring and improving staff capabilities. Many service programs do not have the resources to implement major staff development programs or training courses for new positions. In certain specialized positions the overall demand may be too small to generate independent training opportunities.

How Coordination Can Help

CETA can fund classroom and on-the-job training for eligible participants. Health service programs can indicate manpower demand needs and assure placement of training program graduates for new positions. Employment of the participants in the health service program meets individual needs and fulfills CETA placement goals.

How It Might Work

In Colorado, an agreement between the Area Council of Governments—Manpower Administration, the University of Southern Colorado (USC), and the Colorado State Hospital was developed to train and place 30 psychiatric technicians. CETA undertook eligibility determination and intake for all referrals to the University. Under contract to CETA, USC staff assisted in education counseling and designed individual service plans. CETA provided funds for student tuition, books, and teaching costs. The University provided an instructor and access to all University services. The Colorado State Hospital, a current recipient of HEW drug abuse formula grant funds, identified the need for the psychiatric technicians within the institution. The hospital was the site for field work, paid the student stipends (basic training allowance) and agreed to hire the enrollees after training.

How Health Programs Can Benefit

—An unmet need for allied health personnel within health service institutions is filled through cooperation with CETA.

How CETA Can Benefit

—Placement is reasonably certain for CETA enrollees in allied health occupations, without utilization of public service slots.

—Financial participation of the health service program reduces average cost per client.

Risks to Health Programs

—None apparent.

Risks to CETA

—Training program graduates may not be placed because of the uncertainty of future funding of Federal and state financed health care institutions.

How to Reduce the Risks

—Negotiate evidence of commitment from health care institutions for hiring of graduates (i.e., budgetary requests).

Other Applicable HEW Programs

All HEW health service programs might have the interest and capability to participate in the arrangement described in this example.

Opportunity 33: Joint Manpower Services to Veterans

Issues Facing CETA & Health

CETA has a special mandate to serve veterans under Title II, as well as the likelihood that they will be part of the "significant segments" to be served under Title I. Many returning veterans have military-based job-related skills; however, some Prime Sponsors do not have the capability to identify and develop these skills in shortage occupation areas for employment.

Veterans are also a priority target group for HEW-funded health manpower programs, and special projects have been funded to identify, counsel, and refer those veterans with military medical-care experience to health-care jobs. These projects are called Operation MEDIHC—(Military Experience Directed Into Health Careers). However, Operation MEDIHC projects are limited in their ability to provide training, subsidized employment and other manpower-related services.

How Coordination Can Help

CETA Title I funds can be used for training and manpower-related activities; Title II supports public service employment. Operation MEDIHC can identify veterans with related military experience in medical care, determine skill shortage areas, and identify job opportunities in the health care industry. A joint program maximizes the resources of each program in serving a target group of both.

How It Might Work

The State of Illinois (Balance-of-State Prime Sponsor) and the Operation MEDIHC grantee, the Illinois Hospital Association, have agreed to sponsor jointly a job development and training program in allied health professions for veterans in a five-county rural area. Also involved in the project, either by contract or by agreement, are the local county CETA program agents, the Veterans Administration district office, the Illinois State Employment Service district office, local hospitals, and community colleges.

The Illinois Hospital Association, under contract to CETA, conducts an outreach program to reach unemployed veterans, provides employment counseling, and coordinates classroom and/or on-the-job training for allied health positions such as Emergency Medical Technician. CETA funds the training directly and provides other manpower-related services. Stipends are available to enrollees through the Veterans Administration. The Illinois Hospital Association also makes health manpower projections in the five-county area for CETA and develops public service positions and permanent jobs in the health care industry for placement of the enrolled veteran.

How Health Programs Can Benefit

—Training, work experience, and public service employment activities are made available to Operation MEDIHC clients.

—Operation MEDIHC services are expanded to a larger client population with a higher placement rate due to the availability of CETA services.

—Eventual placement is possible in a greater variety of health care occupations due to the provision of specialized training services.

How CETA Can Benefit

—Title I and II enrollees are placed by the Prime Sponsor in skill areas and industries not normally accessible.

—CETA services are provided to a larger percentage of a designated target group, with a higher placement rate due to the services available through Operation MEDIHC.

—Arrangements can be made for training credit for military experience that might allow advanced standing in some health career training programs.

—Costs per CETA client are reduced due to joint program operations and the financial participation of the Veterans Administration.

—Forecasts of health manpower needs are useful in overall planning by the Prime Sponsor for employment opportunities.

Risks to Health Programs

—CETA funding, particularly Title II and Title VI, can be unstable, threatening continuance of the project and therefore the good relationships developed with the employers in the health industry.

—Reliance on CETA manpower services may divert attention from veteran clients not requiring such training services for placement.

Risks to CETA

—Veterans may be diverted from placements in other fields to enter this program; however, placements are not guaranteed, but rely on goodwill between local hospitals and the Operation MEDIHC grantee.

—CETA may unnecessarily fund training services that are otherwise available through the Veterans Administration.

—Funding of health manpower programs may be discontinued, forcing CETA to bear the entire cost of Operation MEDIHC in order to retain the capabilities developed by the project.

How to Reduce the Risks

—Jointly discuss multi-year funding expectations and develop contingency plans outlining responsibilities of both programs if funding of either is discontinued.

—Agree on eligibility standards for joint program enrollees, with consideration of placement costs and possibilities in other than health occupations.

—Agree on service responsibilities of both programs, particularly in relationship to services and benefits provided by other veterans' programs.

Other Applicable HEW Programs

This example may also be applied to other CETA target groups, such as offenders, ethnic minorities and youth, in situations where HEW health manpower grantees have specific responsibilities for those target groups. Such HEW project grants may be funded under the following programs:

13.305 Allied Health Manpower—
Special Projects

13.259 Nursing Training—
Special Projects

13.375 Minority Biomedical Support

13.380 Health Manpower Initiative
Awards (Operation MEDIHC; Special
Health Career Opportunity Grants)

13.383 Health Professions—
Special Projects

13.263 Emergency Medical
Services Training

Opportunity 34: Recruiting the Disadvantaged for Nurse Training

Issues Facing CETA & Health

HEW health manpower programs actively recruit ethnic minorities and economically disadvantaged students. However, these students often need remedial education prior to admission to health training programs. Federal financial assistance in health programs is not available for remedial education; as a result many of these students do not enroll in the program or drop out because of lack of preparation.

How Coordination Can Help

CETA Title I funds can be used for remedial education and training allowances for eligible clients who might be interested in pursuing health careers. Financial assistance (HEW grants or loans) is available to students upon enrollment in the health career program.

How It Might Work

In the State of Washington a program is promoting relationships between CETA Prime Sponsors and collegiate schools of nursing which receive HEW nursing training funds. Schools of nursing will refer prospective students for CETA eligibility determination and recommend a program of remedial education in certain areas. CETA will purchase the necessary remedial education and provide stipends if necessary. The school will guarantee acceptance into the nurse training program after completion of the remedial education course; all costs attendant to the training are borne by Federal funds. In some cases a certain number of the nurse training positions will be reserved for CETA-initiated referrals. After one year of training, the student will become eligible for certification as an LPN; after 2 years, RN certification is possible.

How Health Programs Can Benefit

—Economically disadvantaged and ethnic minority students can be successfully recruited and accepted into health career programs.

—Dropout rates in training programs are reduced.

—Eligibility of students for CETA allows access to special CETA services.

How CETA Can Benefit

—Economically disadvantaged students are provided skill training and placement in significant employment at limited cost to CETA.

Risks to Health Programs

—There is no guarantee that students, after receiving CETA remedial education, will decide to enter the school and pursue a health career.

—CETA participants referred to health career programs may not be qualified for enrollment.

Risks to CETA

—Once in the training program, CETA has no control over training or placement decisions for a student.

—Credit for placements is received one to two years after the CETA expenditure.

How to Reduce the Risks

—Negotiate student commitment and tie financial assistance to entry and completion of the proposed training program.

—Negotiate standards for remedial education courses and student qualifications for entry into training.

Other Applicable HEW Programs

Other HEW health manpower programs that might benefit from the arrangement described above include:

13.233 Maternal and Child Health Training

13.263 Occupational Safety and Health Training Grants

13.287 Grants for Training in Emergency Medical Services

13.288 National Health Service Corps Scholarship Program

13.342 Health Professions—Student Loans

13.364 Nursing Student Loans

13.380 Health Manpower Education Initiative Awards (Operation MEDIHC; Special Health Career Opportunity Grants)

Opportunity 35: Training CETA Enrollees in Drug Abuse Counseling

Issues Facing CETA & Health

HEW Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) grantees, including community-based alcohol, drug abuse and mental health centers and training projects, have needs in certain skilled occupations such as vocational and outreach counselors and public education specialists to strengthen their service impact and effectiveness. However, funds available through these programs to train in these fields may be insufficient to meet all needs.

How Coordination Can Help

Prime Sponsors can use CETA Title II and VI funds for public service employment positions in non-profit alcohol, drug abuse and mental health treatment centers. The treatment centers can provide training to CETA participants while on the job, leading to unsubsidized staff positions. Treatment programs can utilize their professional staff to train CETA participants to develop skills to meet program needs.

How It Might Work

In Worcester, Massachusetts, the Prime Sponsor allocated CETA public service employment positions to the Chandler Street Center, a community-based outpatient drug treatment program. CETA positions are utilized as career ladder slots for subprofessionals in training for full staff positions in the treatment program. The Chandler Street Center provides training in outreach, counseling, and street work. Staff vacancies that occur within the regularly funded positions in the Chandler Street Center are first offered to CETA participants, creating unsubsidized employment and allowing for recruitment of new CETA participants into the training program.

The Prime Sponsor is responsible for referrals to the public service employment positions in the Chandler Street Center. These individuals often include those program graduates (ex-addicts who have gone through treatment) that the Center refers to the Prime Sponsor, though there is no such requirement in the agreement.

How Health Programs Can Benefit

—Limited training dollars are maximized through CETA participation.

—CETA-funded public service employment positions allow expanded service to health program clients.

—Opportunities to train and employ treatment program graduates (i.e., recovered alcoholics, ex-addicts) are created.

How CETA Can Benefit

—Professional health staff personnel are utilized to provide in-service training opportunities to CETA participants.

—CETA meets its goal of unsubsidized employment.

Risks to Health Programs

—Uncertainty in CETA Title II funding could jeopardize public service slots.

—Permanent employment positions in the program may not exist at the time training ends.

Risks to CETA

—ADAMHA grantees' desire to expand service may cause an overestimation of the number of public service positions with real future employment opportunities.

—Quality of on-the-job training may not be sufficient to permit CETA enrollees to transfer skills to other available unsubsidized jobs.

How to Reduce the Risks

—Review the need for and availability of public service employment positions in terms of future budgets and plans of both the ADAMHA grantee and the Prime Sponsor, and negotiate a specific commitment for employment of the CETA public service participants.

—Agree on the content of the training provided CETA enrollees and establish a level of competency for program graduates.

Other Applicable HEW Programs

Grantees from ADAMHA and other HEW health service programs likely to benefit from such an arrangement include:

13.217 Family Planning Projects

13.235 Drug Abuse Community Service Programs

13.246 Community Mental Health Projects

13.251 Alcohol Community Service Programs

13.384 Emergency Medical Services

Opportunity 36: Health Examinations for CETA Clients

Issues Facing CETA & Health

Many Prime Sponsors believe that a necessary early element of CETA services is the determination of a client's medical status (which is often essential to counseling and employability development). Most Prime Sponsors do not have the capability to conduct mass physical examinations at low cost.

HEW health service program grantees are under pressure to increase self-sufficiency through third-party reimbursement because of declining Federal support. These grantees have been heavily subsidized to enable those in need to obtain health services at minimum cost.

How Coordination Can Help

Local public health departments and other HEW health service grantees can sometimes provide health examinations for CETA clients at less cost than the private sector. CETA may purchase medical examinations for its applicants during the intake process.

How It Might Work

In Texas, the City of Houston Health Department provides basic physical examinations to CETA applicants under a contract with the city Prime Sponsor. The Prime Sponsor purchases examinations by receiving blocks of time for CETA enrollees at the Health Department Clinic. A fee is charged per block of time reserved. The Health Department completes a physical examination report on each client for use by the Prime Sponsor.

How Health Programs Can Benefit

—Payment for CETA health examinations is a source of third-party reimbursements.

—Health screening services are extended to an important segment of the population: the potentially employable disadvantaged.

—CETA clients who become eligible for health benefits through an employer may select the health program as a provider of medical care (if the program provides such services).

How CETA Can Benefit

—CETA clients with no health problems have an advantage with potential employers.

—CETA clients with minor health problems can have them corrected as part of their employment development plan, increasing potential employability.

—Clients with major health problems can be screened out prior to training and placement, thus reducing negative terminations.

Risks to Health Programs

—Examinations may increase demand for health services that CETA will not reimburse.

—CETA clients may fail to keep appointments.

Risks to CETA

—CETA may have to provide extensive medical supportive services for clients with health problems.

—CETA may be paying for examinations available free of charge to clients already eligible for Medicaid or other HEW health service programs.

How to Reduce the Risks

—Agree on a regular, but reasonably flexible, time schedule for services to CETA referrals.

—Agree on mutual responsibilities for payment of medical services required as a result of the examination.

Other Applicable HEW Programs

In addition to city and county public health departments, the grantees of the following HEW health service programs may have the capacity to provide or finance health examinations:

13.210 Comprehensive Public Health Services—Formula Grants

13.224 Health Services Development —Project Grants (Neighborhood Health Centers)

13.228 Indian Health Service

13.246 Migrant Health Grants

13.261 Family Health Centers

13.714 Medicaid

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